

TREASURER'S MONTHLY REPORT-BANK BALANCES, INVESTMENTS, REVENUES AND DISBURSEMENTS**April 30, 2018****BANK BALANCES:**

	STATEMENTS
Wells Fargo MAIN ACCOUNT	\$ 581,535.29
US BANK MASTER ACCOUNT	\$ 2,737,640.03
TOTAL	<u>\$3,319,175.32</u>

INVESTMENTS:

MT Board of Investments - Short Term Investment Pool (STIP)	\$24,056,467.59
TOTAL	<u>\$24,056,467.59</u>

GRAND TOTAL	<u><u>\$27,375,642.91</u></u>
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OTHER BANK BALANCES:

	STATEMENTS
COMMUNITY HEALTH CARE	\$ 408,916.15
EXPO PARK	\$ 38,042.36
JURY FUND	\$ 184.62 *
CLERK OF COURT RESTITUTION	\$ 13,626.11
SHERIFF'S COMMISSARY	\$ 13,078.43
SHERIFF'S CIVIL	\$ 7,359.23
SHERIFF'S EVIDENCE	\$ 56,282.93
PERS/SRS	\$ 152,872.12
JUSTICE COURT OLD TRUST	\$ 1,358.59
JUSTICE COURT NEW TRUST	\$ 12,347.77
TOTAL	<u>\$ 704,068.31</u>

RECEIPTS:

MOTOR VEHICLE	\$ 968,382.34
PROPERTY TAX	\$ 882,593.05
REVENUE RECEIPTS	\$ 2,258,487.17
TOTAL	<u>\$4,109,462.56</u>

DISBURSEMENTS: Made in the current month.

MONTANA MOTOR VEHICLE DIVISION	\$ 700,414.96
MONTANA DEPT. OF REVENUE	\$ 171,512.89
CITY OF GREAT FALLS	\$ 364,448.21
GREAT FALLS PUBLIC SCHOOLS	\$ 585,472.99
MISC. REMITTANCES	\$ 18,101.37
TOTAL	<u>\$ 1,839,950.42</u>

* Accounts to be closed once outstanding checks clear

Emergency Medical Services Proclamation Week of May 20-26, 2018

WHEREAS, Emergency Medical Services is a vital public service; and

WHEREAS, the members of Emergency Medical Services teams are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, Emergency Medical Services has grown to fill a gap by providing important, out of hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, the Emergency Medical Services system consists of first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, pre-hospital nurses, emergency nurses, emergency physicians, trained members of the public, and other out of hospital medical care providers; and

WHEREAS, the members of Emergency Medical Services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating Emergency Medical Services Week; now

THEREFORE, We the Board of County Commissioners in recognition of this event do hereby proclaim the week of

*May 20-26, 2018 in Cascade County, as: **EMERGENCY MEDICAL SERVICES WEEK***

With the theme, EMS Strong: Stronger Together, we encourage the community to observe this week with appropriate programs, ceremonies and activities.

Dated this 22nd day of May 2018

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

Jane Weber
Chairman

Joe Briggs
Commissioner

James L. Larson
Commissioner

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: **Belt Fire District Board Appointment**

PRESENTED BY: **Commission**

Belt Fire District Board

<u>Applicants</u>	<u>Vacancy (2)</u>	(3 Yr. Term)	Term Expiration: May 31, 2021
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Eugene Cantley	_____		
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Joe Broesder	_____		
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May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Black Eagle Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Black Eagle Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (3)</u>	(3 Yr. Term)	Term Expiration: May 31, 2021
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James Blanchard	_____		
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Donald Petrini	_____		
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Anton Speck	_____		
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May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Cascade Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Cascade Fire Fee Service Area Board

Applicants **Vacancy (2)** (3 Yr. Term) Term Expiration: May 31, 2021

Delight Gollaher _____

Gail Ogden _____

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Dearborn Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Dearborn Fire Fee Service Area Board

Applicants **Vacancy (1)** (3 Yr. Term) Term Expiration: May 31, 2021

Dixie Allen _____

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Fort Shaw Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Fort Shaw Fire Fee Service Area Board

Applicants **Vacancy (2)** (3 Yr. Term) Term Expiration: May 31, 2021

Bruce Wallace _____

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Gore Hill Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Gore Hill Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (3)</u>	(3 Yr. Term) Term Expiration: May 31,2021 (2) (Fill Remainder) Term Expiration: May 31,2019 (1)
John Haines	_____	
Howard Schneider	_____	
Stephanie Castellano	_____	(New Appointment - Fill Remainder of Term)

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Sand Coulee Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Sand Coulee Fire Fee Service Area Board

Applicants **Vacancy (2)** (3 Yr. Term) Term Expiration: May 31, 2021

Ryan Butler _____

Trista Lassila _____

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: **Simms Fire Fee Service Area Board Appointment**

PRESENTED BY: **Commission**

Simms Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (5)</u>	(3 Yr. Term) Term Expiration: May 31,2021 (4) (Fill Remainder) Term Expiration: May 31,2020 (1)
Ed Wheeler	_____	
Linda Schott	_____	
Brenda Click	_____	(New Appointment - Fill Remainder of Term)

May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Sun River Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Sun River Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (2)</u>	(3 Yr. Term)	Term Expiration: May 31, 2021
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Wilmer Amstutz	_____		
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Randy Thompson	_____		
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May 22, 2018

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: **Ulm Fire Fee Service Area Board Appointment**

PRESENTED BY: **Commission**

Ulm Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (2)</u>	(3 Yr. Term)	Term Expiration: May 31, 2021
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Stacey Hovland	_____		
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Patrick Parker	_____		
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BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY, MONTANA

**IN THE MATTER OF A BUDGET
APPROPRIATION WITHIN CASCADE COUNTY
CITY-COUNTY HEALTH DEPARTMENT**

RESOLUTION 18-47

WHEREAS, the City-County Health Department Maternal Child Health (MCH) program
(Ref: Contract 17-91, R0342205) receives revenue for the Foster Child Health Program; and

WHEREAS, an additional \$20,000 of unanticipated revenue needs to be appropriated for the Foster
Child Health Program; and

WHEREAS, the excess revenue will offset the additional costs in the amount of \$20,000 of various
expenses for the MCH program; and

WHEREAS, a budget amendment is necessary to increase the budget authority, which offset
each other totaling \$20,000 in revenues and \$20,000 in expenditures; and

WHEREAS, pursuant to Section 7-6-4006, M.C.A. 2017, the Board of County Commissioners has the power
to appropriate funds within the budget; and

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of County Commissioners of Cascade County
the appropriation is to be made as detailed in Attachment A;

Dated this 22nd Day of May, 2018.

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

JANE WEBER, CHAIRMAN

JOE BRIGGS, COMMISSIONER

JAMES L. LARSON, COMMISSIONER

ATTEST:

CLERK & RECORDER/AUDITOR
mke

REQUEST FOR BUDGET APPROPRIATION

Attachment A

Date: 5/10/2018

To: Cascade County Board of Commissioners

Program Name: MCH

CFDA # 18-07-5-01-007-0

Contract # 17-91

Responsible Department: CCHD

Prepared by: Jo-Viviane Jones

Please approve the following budget changes:

	<u>Fund</u>	<u>Dept</u>	<u>Function</u>	<u>Account</u>	<u>Budgeted Amount</u>	<u>Increase (Decrease)</u>	<u>Amended Budget</u>
<u>Expenses</u>							
Acct #	2973	-	299	- D0100 - 200.220	4,320	2,500	6,820
Acct #	2973	-	299	- D0100 - 300.320	735	2,000	2,735
Acct #	2973	-	299	- D0100 - 300.348	1,440	1,000	2,440
Acct #	2973	-	299	- D0100 - 300.350	100	2,720	2,820
Acct #	2973	-	299	- D0100 - 300.370	2,651	2,500	5,151
Acct #	2973	-	299	- D0100 - 300.374	1,746	5,000	6,746
Acct #	2973	-	299	- D0100 - 300.380	300	5,000	5,300
Acct #	2973	-	299	- D0100 - 500.530	720	(720)	0
					<u>12,012</u>	<u>20,000</u>	<u>32,012</u>
<u>Revenues</u>							
Acct #	2973	-	299	- 34.411	30,000	20,000	50,000
					<u>30,000</u>	<u>20,000</u>	<u>50,000</u>

Explanation of budget changes:

To appropriate \$20,000 unanticipated revenue for Foster Child Health Program services and increase funds in various

Changes authorized by:

Tanya Hunt 5/10/18
 Department Head Signature or
 Elected Official Signature Date

Mary K. Emberton 5/11/18
 Budget Officer Date

Tanya Houston
 Print Name



MCH

Fiscal Year to Date 05/10/18
Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund: 2973 - Home Visiting - Federal Funds										
REVENUE										
Department: 295 - MCH #340138										
33										
33.1000	Federal Grants	85,264.00	.00	85,264.00	.00	.00	34,105.60	51,158.40	40	86,379.00
33 - Totals		\$85,264.00	\$0.00	\$85,264.00	\$0.00	\$0.00	\$34,105.60	\$51,158.40	40%	\$86,379.00
34										
34.4110	Medicaid T.C.M. (New)	22,500.00	.00	22,500.00	.00	.00	25,448.69	(2,948.69)	113	31,494.66
34.4111	Foster Care Home Visiting	30,000.00	.00	30,000.00	90.00	.00	13,770.00	16,230.00	46	34,650.00
34 - Totals		\$52,500.00	\$0.00	\$52,500.00	\$90.00	\$0.00	\$39,218.69	\$13,281.31	75%	\$66,144.66
36										
36.2000	Miscellaneous Revenues	4,300.00	.00	4,300.00	.00	.00	9,831.25	(5,531.25)	229	7,486.25
36 - Totals		\$4,300.00	\$0.00	\$4,300.00	\$0.00	\$0.00	\$9,831.25	(\$5,531.25)	229%	\$7,486.25
38										
38.3000	Interfund Oper. Transfer	2,708.00	(2,708.00)	.00	.00	.00	.00	.00	+++	.00
38.3094	Transfer from Health Dept	63,948.00	.00	63,948.00	.00	.00	31,974.00	31,974.00	50	64,784.25
38 - Totals		\$66,656.00	(\$2,708.00)	\$63,948.00	\$0.00	\$0.00	\$31,974.00	\$31,974.00	50%	\$64,784.25
Department: 295 - MCH #340138 Totals										
REVENUE TOTALS		\$208,720.00	(\$2,708.00)	\$206,012.00	\$90.00	\$0.00	\$115,129.54	\$90,882.46	56%	\$224,794.16
EXPENSE										
Department: 295 - MCH #340138										
Function: 00100 - Public Health - Federal Funds										
100										
100.110	Salaries & Wages	64,438.00	20,000.00	84,438.00	.00	.00	73,898.75	10,539.25	88	76,648.95
100.140	Employer Contributions	28,801.00	19,271.00	48,072.00	.00	.00	26,785.07	21,286.93	56	27,071.78
100.145	Employer Contributions- Grants	19,271.00	(19,271.00)	.00	.00	.00	.00	.00	+++	.00
100.146	Union Pensions	149.00	.00	149.00	.00	.00	30.97	118.03	21	9.61
100.150	Salaries & Wages, Grants	20,000.00	(20,000.00)	.00	.00	.00	.00	.00	+++	.00
100 - Totals		\$132,659.00	\$0.00	\$132,659.00	\$0.00	\$0.00	\$100,714.79	\$31,944.21	76%	\$103,730.34
200										
200.210	Office Supplies	946.00	.00	946.00	.00	.00	272.28	673.72	29	700.51
200.215	IT Supplies	135.00	.00	135.00	.00	.00	.00	135.00	0	.00
200.220	Operating Supplies	4,320.00	.00	4,320.00	.00	274.72	4,001.77	43.51	99	2,259.68
200 - Totals		\$5,401.00	\$0.00	\$5,401.00	\$0.00	\$274.72	\$4,274.05	\$852.23	84%	\$2,960.19
300										
300.311	Postage	185.00	.00	185.00	1.53	.00	61.08	123.92	33	75.80
300.320	Printing & Typing	735.00	.00	735.00	.00	.00	1,391.22	(656.22)	189	767.29
300.330	Publicity, Subscrip.&Dues	1,150.00	.00	1,150.00	.00	.00	.00	1,150.00	0	610.00
300.333	Software Licenses	562.00	.00	562.00	.00	.00	561.37	.63	100	561.37
300.341	Electric	1,260.00	.00	1,260.00	.00	.00	710.31	549.69	56	1,444.20
300.342	Water & Sewer	204.00	.00	204.00	15.56	.00	159.16	44.84	78	213.12



MCH

Fiscal Year to Date 05/10/18
Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 2973 - Home Visiting - Federal Funds										
EXPENSE										
Department 299 - M.C.H.#340138										
Function 00100 - Public Health - Federal Funds										
300										
300.343	Telephone	768.00	.00	768.00	.00	.00	414.03	353.97	54	937.13
300.344	Heating Fuel	216.00	.00	216.00	17.74	.00	126.82	89.18	59	204.20
300.348	Cell Phone Costs	1,440.00	.00	1,440.00	.00	.00	1,404.17	35.83	98	1,374.70
300.350	Professional Services	100.00	.00	100.00	.00	.00	961.00	(861.00)	961	1,352.50
300.361	Building Repairs	276.00	.00	276.00	5.63	.00	167.40	108.60	61	234.24
300.370	Travel	2,651.00	.00	2,651.00	.00	.00	1,753.06	897.94	66	2,280.46
300.374	Mileage County Vehicles	1,746.00	.00	1,746.00	.00	.00	2,583.29	(837.29)	148	2,190.14
300.380	Training Services	300.00	.00	300.00	140.00	62.16	429.85	(192.01)	164	1,040.00
300.390	Other Purchased Services	84.00	.00	84.00	.00	.00	67.97	16.03	81	161.33
300 - Totals		\$11,677.00	\$0.00	\$11,677.00	\$180.46	\$62.16	\$10,790.73	\$824.11	93%	\$13,446.48
500										
500.530	Rental	720.00	.00	720.00	.00	.00	.00	720.00	0	856.50
500 - Totals		\$720.00	\$0.00	\$720.00	\$0.00	\$0.00	\$0.00	\$720.00	0%	\$856.50
Function 00100 - Public Health - Federal Funds Totals		\$150,457.00	\$0.00	\$150,457.00	\$180.46	\$336.88	\$115,779.57	\$34,340.55	77%	\$120,993.51
Function 00198 - Public Health - Local Funds										
100										
100.110	Salaries & Wages	59,830.00	(10,000.00)	49,830.00	.00	.00	47,928.17	1,901.83	96	48,448.00
100.140	Employer Contributions	18,121.00	(4,003.00)	14,118.00	.00	.00	15,985.94	(1,867.94)	113	16,279.00
100.145	Employer Contributions- Grants	(4,003.00)	4,003.00	.00	.00	.00	.00	.00	+++	.00
100.146	Union Pensions	.00	.00	.00	.00	.00	33.89	(33.89)	+++	57.00
100.150	Salaries & Wages, Grants	(10,000.00)	10,000.00	.00	.00	.00	.00	.00	+++	.00
100 - Totals		\$63,948.00	\$0.00	\$63,948.00	\$0.00	\$0.00	\$63,948.00	\$0.00	100%	\$64,784.00
Function 00198 - Public Health - Local Funds Totals		\$63,948.00	\$0.00	\$63,948.00	\$0.00	\$0.00	\$63,948.00	\$0.00	100%	\$64,784.00
Department 299 - M.C.H.#340138 Totals		\$214,405.00	\$0.00	\$214,405.00	\$180.46	\$336.88	\$179,727.57	\$34,340.55	84%	\$185,777.51
EXPENSE TOTALS		\$214,405.00	\$0.00	\$214,405.00	\$180.46	\$336.88	\$179,727.57	\$34,340.55	84%	\$185,777.51
Fund 2973 - Home Visiting - Federal Funds Total										
REVENUE TOTALS		208,720.00	(2,708.00)	206,012.00	90.00	.00	115,129.54	90,882.46	56%	224,794.16
EXPENSE TOTALS		214,405.00	.00	214,405.00	180.46	336.88	179,727.57	34,340.55	84%	185,777.51
Fund 2973 - Home Visiting - Federal Funds Totals		(\$5,685.00)	(\$2,708.00)	(\$8,393.00)	(\$90.46)	(\$336.88)	(\$64,598.03)	\$56,541.91		\$39,016.65
Grand Totals										
REVENUE TOTALS		208,720.00	(2,708.00)	206,012.00	90.00	.00	115,129.54	90,882.46	56%	224,794.16
EXPENSE TOTALS		214,405.00	.00	214,405.00	180.46	336.88	179,727.57	34,340.55	84%	185,777.51
Grand Totals		(\$5,685.00)	(\$2,708.00)	(\$8,393.00)	(\$90.46)	(\$336.88)	(\$64,598.03)	\$56,541.91		\$39,016.65

TASK ORDER 18-07-5-01-007-0
TO CASCADE CITY-COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVERS THE PERIOD OF July 1, 2012 to June 30, 2019
Maternal and Child Health Block Grant Program

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 E Broadway Room A116, PO Box 202951, Helena, MT 59620 and 406-444-4119 and Cascade City-County Health Department (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-6001343, 115 4th ST S, Great Falls, MT 59401, and 406-791-9262 for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The Contractor agrees to provide maternal and child health services, as described in the Contractor's State Fiscal Year (SFY) 2018 Pre-Contract Survey for the Maternal and Child Health Block Grant (MCHBG), during SFY 2018 (7/1/2017 to 6/30/18) and as outlined in Section 2: Services to be provided for all residents of Cascade County.

SECTION 2: SERVICES TO BE PROVIDED

The Contractor agrees to provide:

A. Maternal and Child Health (MCH) Services

- (1) Comply with the requirements of Title V: MCHBG, Section 501 to 510 [42 U.S.C. 701 to 710]; and ARM 37.57.1001 governing the MCHBG.
- (2) Ensure that MCHBG funds are used solely for providing core MCH services to pregnant women, nonpregnant women of childbearing age, infants younger than one year of age, children and adolescents under age 22, or children with special health care needs.
- (3) Send at least one staff member to a Family and Community Health Bureau sponsored MCHBG training.
- (4) Systematically collect data elements required by this task order and submit the reports by the designated due dates as outlined in Section 4.
- (5) Assess county MCH services by conducting a Client Survey, and use the results to help with program planning and selection of the national or state performance measure to be addressed by the Contractor. Results of the Client Survey must be retained by the Contractor and submitted with

May 22, 2018

Contract 18-93

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Public Health Emergency Preparedness, Task Order 19-07-6-11-008-0

INITIATED AND PRESENTED BY: Tanya Houston, Health Officer

ACTION REQUESTED: Approval of Contract

BACKGROUND:

The purpose of this Task Order is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment, and development of preparedness and response activities defined by the CDC's Public Health Preparedness Capabilities Planning Guide.

Amount: \$94,787.00

Term: July 1, 2018 to June 30, 2019

RECOMMENDATION: Approval of Contract

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE: Madam Chair, I move that the Commission APPROVE Contract 18-93, Public Health Emergency Preparedness, Task Order 19-07-6-11-008-0.

MOTION TO DISAPPROVE: Madam Chair, I move that the Commission DISAPPROVE Contract 18-93, Public Health Emergency Preparedness, Task Order 19-07-6-11-008-0.

TASK ORDER 19-07-6-11-008-0
TO CASCADE COUNTY UNIFIED GOVERNMENT
MASTER CONTRACT THAT COVERS THE PERIOD
OF JULY 1, 2012 THROUGH JUNE 30, 2019
(Public Health Emergency Preparedness)

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway St. Room C202, PO Box 202951, Helena, MT 59620-2951 and (406) 444-1611 and Cascade County (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are as follows: 81-6001343, 115 4th St. S., Great Falls, MT 59401, (406) 791-9284 and (406) 791-9269, for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The purpose of this Task Order is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment and development of preparedness and response activities defined by the CDCs Public Health Preparedness Capabilities Planning Guide. Resources are intended to assist county and tribal health departments sustain and/or progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities. The fifteen public health capabilities are: Public Health Surveillance and Epidemiological Investigation, Community Preparedness, Public Health Laboratory Testing, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Responder Safety and Health, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Non-Pharmaceutical Intervention, Medical Surge, Volunteer Management, Community Recovery, Fatality Management, and Mass Care.

The Contractor's jurisdiction is considered the primary service area for this task order. The Task Order requires the Contractor to work with a coalition of agencies and organizations involved in emergency preparedness to continue and enhance work completed in prior grant years.

SECTION 2: SERVICES TO BE PROVIDED

The Contractor shall provide the following services:

- 1) Collaborate with a broad-based coalition of agencies and organizations involved in emergency preparedness and response and conduct the

services and development of the deliverables in this Task Order. The Contractor shall work with an existing coalition if one is in existence (such as a Local Emergency Planning Committee or Tribal Emergency Response Commission), or shall convene such a coalition with a membership that represents, at a minimum, the following agencies and organizations: hospital(s), health care provider(s), emergency medical services, disaster and emergency services personnel, public works, public safety, schools or school districts, policy makers, law enforcement, if portions or all of the reservation are within the borders of the county, Tribal and Indian Health Services must be represented.

- 2) Participate in development and implementation of county and multi-county schedules and systems for regular exercise of response plans with all appropriate partners. The local public health agency is encouraged to be a part of the overall disaster and emergency response system and participate in local, regional and state exercise activities to reduce duplication of effort, create efficiencies and enhance collaboration, coordination and overall readiness.
- 3) Ensure attendance and participation by at least one representative of the local public health agency at DPHHS-sponsored training, technical assistance opportunities and meetings to discuss public health emergency preparedness and response planning and regional planning efforts. DPHHS estimates 1 to 2 in-person meetings will be conducted this year.
- 4) Participate in local, regional and state emergency preparedness and response planning meetings, including those sponsored by Montana Disaster and Emergency Services and other emergency response organizations.
- 5) Ensure adequate staffing to complete all services and deliverables required in this Task Order. The Department suggests minimum staffing specifically dedicated to execution of this Task Order, at the following levels: .5 FTE for jurisdictions with populations of 5,000 or less; .5 to 1.0 FTE for jurisdictions with populations of 5,000 to 20,000, and 1.0 to 2.0 FTE for jurisdictions with populations of 20,000 or more.
- 6) Collaborate with the Department staff and all affiliated contractors to carry out activities required by this agreement.
- 7) Submit to the Department's liaison listed in Section 6: LIAISONS AND SERVICE OF NOTICES, the deliverables as outlined and described in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A) provided by the Department and incorporated by reference in this document. Deliverables must be

completed by due dates noted in Attachment A, or by negotiated due date as described in Section 5, Source of Funds and Funding Conditions.

- 8) Communicate on a regular basis with Department staff as needed to ensure coordination of activities. The Contractor can expect to communicate with project staff by phone, fax, e-mail, mail, etc.
- 9) Provide performance, activity and fiscal reports required by the Department as outlined and described in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A).
- 10) Maintain complete, accurate, documented and current accounting of all program funds received and expended, and in accordance with OMB Circular A-87 (Cost Principles for State, Local and Federally Recognized Indian Tribal Governments).
- 11) Acknowledge that any equipment, supplies or other items purchased with funds associated with this Task Order are the property of the Contractor and the Department makes no commitment to maintain or replace these items.
- 12) Reimburse the Department for any funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery or other unlawful loss caused by the Contractor, its employees or agents.
- 13) Notify the Department by 7/1/2018 if the Contractor will not be able to complete any or all deliverables outlined in Attachment A so that funds can be re-distributed to other projects in a timely manner.
- 14) Comply with Administrative Rules of Montana regarding the reporting and control of communicable disease (ARM 37-114-101 – 37-114-1016).

B. The Department agrees to provide the following services:

- 1) Provide allocation of funds based upon the deliverables specified in Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A).
- 2) Reimburse the Contractor for actual and necessary expenditures in accordance with the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A).

- 3) Provide guidelines, templates, formats, requirements and evaluation criteria for each deliverable Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A).
- 4) Provide the Contractor with guidance in the areas of assessing emergency preparedness and response needs, strengthening Epidemiology, surveillance and response capacity; developing, enhancing and exercising county and multi-county emergency preparedness and response plans; developing policy necessary to support plan implementation; and coalition development.
- 5) Provide training and technical assistance in public health emergency preparedness and response statewide or regionally through a variety of training resources.
- 6) Communicate regularly with the Contractor through on-site meetings, phone, e-mail and fax as necessary to enable the Contractor to complete Task Order requirements.
- 7) Interpret state and federal laws, rules and regulations relating to public health emergency preparedness and response issues, as well as providing updates as they become available.
- 8) Provide in a timely manner and according to pre-established and mutually agreed upon timelines any review, input or approval of obligations outlined in this Task Order and/or the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A).
- 9) When possible, notify at least 21 days prior to any meeting and/or training workshops which the Contractor is required to attend and for which travel is necessary.
- 10) Provide access to educational materials and resources supportive of emergency preparedness and response. This will include, but is not limited to, a Department supported web site.
- 11) To the extent resources allow, on-site technical assistance and/or telephonic consultation concerning the subject matter of this Task Order.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

The term of this Task Order for the purpose of delivery of services noted in SECTION 2: SERVICES TO BE PROVIDED is from July 1, 2018 through June 30, 2019, unless terminated otherwise in accordance with the provisions of this task order.

SECTION 4: COMPENSATION

In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$94,787. Payments will be made for satisfactory execution of required deliverables submitted in accordance with the schedule detailed below. Each deliverable will be reviewed by the Contract liaison, or representative, for satisfactory work before payment is released. Payments will be made within 30 days after its receipt and approval by the Department.

The Department will reimburse the Contractor for performance as required in the four quarters of the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A). Upon successful completion and submission of quarterly reports and stand-alone deliverables, payment will be issued as follows:

- 1) The first quarter payment of \$23,697 will be issued no later than 30 days after receipt of the deliverable due on October 15, 2018.
- 2) The second quarter payment of \$23,697 will be issued no later than 30 days after receipt of the deliverable due on January 15, 2019.
- 3) The third quarter payment of \$23,697 will be issued no later than 30 days after receipt of the deliverable due on April 15, 2019.
- 4) The fourth quarter payment of \$23,696 will be issued no later than 30 days after receipt of the deliverable due on July 15, 2019.

The Department shall have the right at any time to request additional documentation concerning Contractor expenditures and activities. The Department may withhold payment at any time during the term of the task order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this task order. Additionally, payment or partial payment may be withheld if a required deliverable is submitted late or considered unsatisfactory in either form or content. It will be the Department's discretion to determine if they will agree to another submittal deadline or to a replacement or substitute for a required deliverable.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. The source of funds for this Task Order is Montana's Public Health Emergency Preparedness Cooperative Agreement with Centers for Disease Control and Prevention, Budget Period 1701-01 Supplement.
- B. Funds associated with this Task Order, and services outlined in SECTION 2: SERVICES TO BE PROVIDED, must be completed within the term of this Task Order. Any modifications or extensions must comply with federal and state guidelines.

- C. The Contractor must complete deliverables as defined and by the deadline noted in the Public Health Emergency Preparedness Deliverable Guide. If the Contractor cannot meet the established deadline for a specific deliverable, the Contractor may request an extension. The extension request must be in written format justifying the need for an extension and must be received prior to the established deadline. The Department will provide written approval or denial of an extension request. The department has the discretion to provide partial reimbursement for incomplete deliverables after consultation with the Contractor.
- D. If the Contractor makes expenditures or incurs obligations in excess of the budget originally established or adjusted via modification, it shall do so at its own risk and the Department is not obligated to pay the Contractor beyond the budget stated in this Task Order.
- E. The Contractor may not use monies provided through this Task Order as reimbursement for the costs of services that are reimbursed from other sources. The Contractor will use the funds available under this Task Order for activities outlined in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 1701-01 Supplement (Attachment A) and for related activities that strengthen the public health infrastructure to meet the 15 public health preparedness capabilities.
- F. This year's federal guidance explicitly identifies the following expenditures that are not allowed:
- Recipients may not use funds for fund raising activities or lobbying.
 - Recipients may not use funds for research.
 - Recipients may not use funds for construction or major renovations.
 - Recipients may not use funds for clinical care.
 - Recipients may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.
 - Generally, awardees may not use funds to purchase furniture or equipment. Awardees may request an exception in writing to koloughlin@mt.gov
 - Recipients may not use funds for reimbursement of pre-award costs.
 - Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
 - The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
 - Payment or reimbursement of backfilling costs for staff is not allowed.
 - None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year.
 - Recipients may not use funds for the purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, hats, or t-shirts. Purchase of items that can be reissued, such as vests and jackets may be allowable.

G. Other Funding Notes:

- Funds can be used to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
- Funds can be used to purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
- With prior approval, funds can be used to purchase industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- With prior approval, funds can be used to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

H. The Contractor ensures that funds received under this Task Order shall be used only to supplement, not to supplant, the total amount of Federal, State and local public funds the Contractor otherwise expends for personnel and related services. Funds received under this Task Order shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

I. The Department may withhold payment at any time during the term of this Task Order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Task Order.

J. The Contractor agrees to obtain prior approval from the Department for the purchase of any single item with a value of \$25,000 or greater. Requests for approval should include written justification to the Department liaison listed in Section 6: LIAISONS AND SERVICE OF NOTICES.

K. The consideration provided to the Contractor under this Task Order may be adjusted by the Department at its discretion on any audit conducted in accordance with the terms of the Master Agreement with the Contractor.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

A. Kevin O'Loughlin: 406-444-1611(phone); 406-444-3044(fax); koloughlin@mt.gov(email) will be liaison for the Department.

B. Tanya Houston: (406) 791-9260(phone); (406) 545-6959 (fax) will be liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of this Task Order.

C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties addresses set out in this task order.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief: Jim Murphy, 406-444-4016 (office), 406-444-3044 (fax) jmurphy@mt.gov (email). The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained then the Contractor may request a review and determination to be made by the Division Administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the Administrator to present its reasons or position on the disagreement. If the Division Administrator cannot resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 8: SCOPE OF TASK ORDER

This task order consists of 9 numbered pages and Attachment A.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date _____
Todd Harwell, Administrator
Public Health & Safety Division
1400 Broadway B201
Helena MT 59620-2951
(406) 444-4141

CASCADE CITY-COUNTY HEALTH DEPARTMENT
CASCADE COUNTY COMMISSIONERS,

By: _____ Date _____
Jane Weber, Chairperson

By: _____ Date: _____
Joe Briggs, Commissioner

By: _____ Date: _____
James L. Larson, Commissioner

On this ____ day of ____, 2018, I hereby attest the above-written signatures of, Jane Weber, Joe Briggs, and James Larson, Cascade County Commissioners.

Rina Fontana Moore, Clerk & Recorder

Attachment A

Budget Period Grant Guidance

2018 - 2019

DPHHS Public Health Emergency Preparedness (PHEP) Activities

The information in this document provides detail and guidance for the PHEP grant requirements during the 2018-2019 budget period. Each subject area outlines specific requirements, provides additional direction, and includes contact information that will assist you.

The PHEP grant comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement. Montana DPHHS applies for the grant each year. It then distributes a large portion of these funds to county and tribal governments for their public health agencies in return for completing the requirements described herein. The purpose of the PHEP grant is to support preparedness and response efforts to emergencies and disasters with public health implications in the State.

Please be sure to **fully and carefully** read the deliverable requirements and guidance in their entirety. If you have questions, please contact the associated subject matter expert.

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Noted Items for the 2018-2019 Budget Period

1. Although the CDC issued a new five-year funding program cycle last year, they announced that that the PHEP program will introduce a revised grant in the 2019 budget period. DPHHS PHEP has very little information right now about the changes, what impact the revisions will have, or when to expect more information. PHEP will keep all jurisdictions up-to-date as the CDC releases more details.
2. Beginning this budget period, the 10% up front payment is now spread out over the four quarters. There is no reduction in funding for local health jurisdictions. This approach will result in the quarterly payments being larger than which you are accustomed. It will also help PHEP reduce some costs because the State's fiscal system charges the program for each cheque issued. Eliminating the 10% upfront payment in this method **will not** change the overall funding to local health jurisdictions.
3. PHEP and the Hospital Preparedness Program (HPP) continues supporting the development of the Health Care Coalitions (HCC). There are now four coalitions. HPP and PHEP have joint requirements for the federal PHEP grant, and some of the deliverables for LHJs reflect supporting activities that meet those initiatives. PHEP will explain more about HCC activities and expectations of LHJs during the annual regional PHEP workshops.
4. The number of deliverables this year is 45. Last year's budget period also had 46.

Criteria for Due Date Extensions

Jurisdictions must complete all contract deliverable work **within the quarter it is due** as designated in the task order (Section 4: Compensation). The 15 days between the end of a quarter and the report due date is reserved for gathering information and completing the report. *Work completed between the quarter end and the report due date does not qualify.*

DPHHS can grant a due-date extension for a jurisdiction if it meets one or more of the following criteria.

- Insufficient personnel or other staffing issues prevent timely report completion
- Technical or software difficulties impede completion of the report
- Information needed is not yet available for the report
- Ongoing emergency response operations prevents completion

Grant Progress Report Due Schedule

Quarter 1	July 1 – September 30	Due October 15
Quarter 2	October 1 – December 31	Due January 15
Quarter 3	January 1 – March 31	Due April 15
Quarter 4	April 1 – June 30	Due July 15

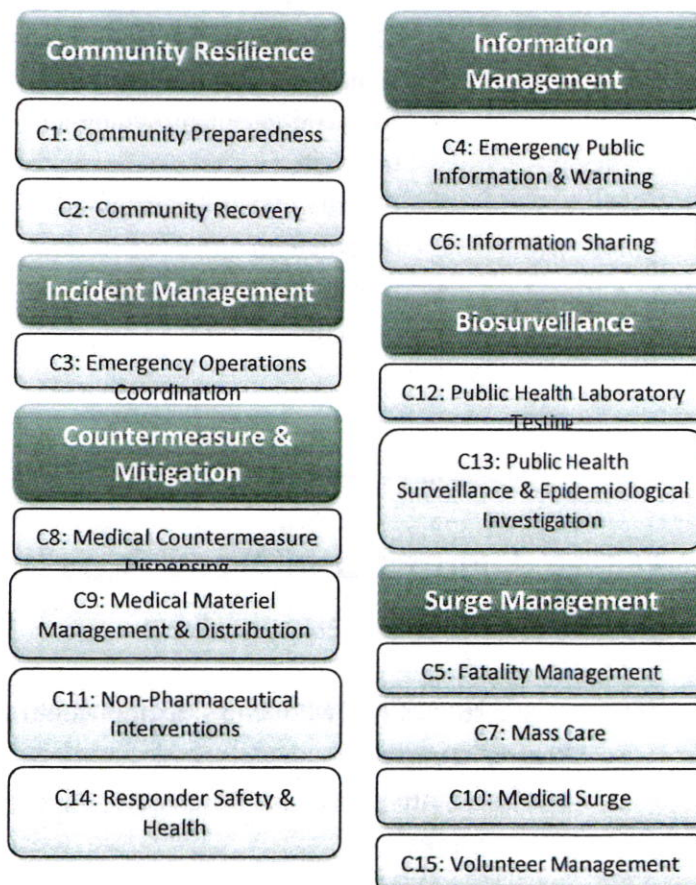
A jurisdiction must provide adequate justification for an extension request and must make an extension request to the DPHHS PHEP Section supervisor **before the end of the quarter**. DPHHS may withhold payment or partial payment if deliverables are submitted incomplete or late (Section 4: Compensation).

A Note about Domains

Domains are the umbrella categories for the public health preparedness capabilities introduced in the 2011 *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. The CDC 2017-2022 PHEP Cooperative Agreement has made a specific emphasis on domains. PHEP uses the capabilities to focus our grant deliverable requirements and will now also be indicating the domains as well.

As you may remember from the 2016 gap analysis, the national capabilities are composed of specific functions. These functions factor into developing the deliverables, along with the CDC grant requirements. When you review the deliverables in this document, you will notice a graphic indicating the domain the requirement falls under. A deliverable can match one or more function or capability within those domains. If you are interested in what functions influenced the deliverable, we can give you that information.

To the right is the complete matrix of domains with the relevant capabilities.



Administration

Rita Karnopp, 444-0919, rkarnopp@mt.gov

Community Resilience

Incident Management

A1 Maintain the Montana Public Health Directory

Due: Every Quarter

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

Guidance:

Each jurisdiction must log into the system with a user name and password provided by DPHHS. The directory is found at <https://mphd.hhs.mt.gov>. Each quarter, verify that the information in the directory is complete by selecting the "mark as reviewed" button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

To fulfill this deliverable:

1. Update all information for every contact in each category and select 'mark as reviewed.'
2. Update the following categories:
 - Lead and secondary epidemiology contacts
 - MIDIS users
 - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
 - Lead and secondary sanitarian contacts
 - Board of Health Chair contact information
 - Health department after-hours numbers
 - Lead local health officials' contact information
 - Lead, secondary, and tertiary HAN contacts
 - Lead and secondary contact for preparedness
 - Public information officer
 - SNS Coordinator
 - SNS drop point locations
 - Volunteer registry manager
 - Base station and mobile satellite locations

Access & Functional Need Populations

Ian Thigpen, 444-0931, ithigpen@mt.gov

Community Resilience

Incident Management

Surge Management

AFN1 Jurisdictional A&FN Partners Group Meeting

Due: 4th Quarter

Conduct or attend the jurisdictional A&FN group meeting established last budget period.

Guidance:

Think of the A&FN Partners Group as a pathway between your Local Emergency Planning Committee (LEPC) / Tribal Emergency Response Counsel (TERC), Healthcare Coalition, and A&FN Providers with the mission of improving whole community resiliency by increasing accessibility and preparedness, and communicating critical information between uncommon partners in a disaster. Your partners group should meet at a minimum of once a year, preferably in person. The intent of this partners group is to improve community resilience, incident management, information management, and public health and medical surge management. Key areas of focus include integrating partners into TERCs/LEPCs and HCCs, as well as and connecting those organizations to A&FN populations.

The group should be a platform for improving the preparedness of A&FN providers and populations. For A&FN providers, it can provide access to basic ICS and Continuity of Operations training, networking with emergency partners, and develop an understanding of disaster related roles, expectations, processes, and needs.

Regular meetings of the group, focused on the purposes above, can enable A&FN providers to access information and resources that will make their patrons more physically and psychologically resilient to disasters and emergencies.

To fulfill this deliverable:

1. Host or participate in an A&FN partners group meeting or conference call.
2. Describe the focus and outcomes of the meeting.
 - a. Provide the date
 - b. Provide a list of attendees (organizations)
 - c. Provide the agenda

AFN2 Use Community Profiles to Review Emergency Preparedness Plans**Due: 4th Quarter**

Use the Community Profiles to review and update your jurisdiction's public health emergency preparedness plans to ensure that A&FN elements are adequately addressed.

Guidance:

The Whole Community Profile and for your jurisdiction provides elemental information about people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their capability to maintain during an emergency. These populations include economic disadvantage, language and literacy, medical issues and disability, isolation (cultural, geographic, or social), older adults, infants and children 18 years or younger.

Properly including A&FN populations in plans is crucial in any response to an emergency or disaster. The exercises and training resulting from planning, and the identification of gaps from these activities, will help prevent loss of life.

The profiles will help guide your review of plans by ensuring you are addressing the proper needs in the jurisdiction. You only need to review the A&FN portions of your plans. If your plan does not have an A&FN element, please write one that fits your jurisdiction's community profile. Using the profiles for your planning will improve community resilience, incident management, and public health surge management.

You can retrieve the most recent whole community profiles at http://mtdh.ruralinstitute.umt.edu/?page_id=6292.

***Note:** Currently there are no separate profiles for the tribal reservations because data is collected by county. This means the tribal data is part of the county statistics. Tribal jurisdictions may either use a profile from a county that is primarily encompassed by reservation borders, or each of the county profiles within the reservation borders.

To fulfill this deliverable:

1. Review your jurisdiction's public health emergency preparedness plans for addressing the appropriate needs of your A&FN populations as identified by your Community Profile.
 - a. If necessary, write a section into a plan addressing your jurisdiction's A&FN populations.
2. List the plans you reviewed on the progress report.

Budget & Miscellaneous

Dan Synness, 444-6927, dsynness@mt.gov

Community Resilience

Incident Management

B1 In-Kind and Direct Estimate

Due: 2nd Quarter

Provide an estimate of either in-kind (matching) or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other.

Guidance:

This information is used by PHEP to demonstrate the contributions to emergency preparedness at the local level. Examples could include salaries, contracts, building rentals, shared office expenses, utilities, phone, internet, or travel for PHEP related business paid from another account.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B2 Local Staffing Summary

Due: 3rd Quarter

Provide the total number of staff supported by PHEP funding. Provide the total number of FTE supported by PHEP funding.

Guidance:

Remember that staffing is the number of people it takes to fulfill FTE (Full Time Equivalent). For example, if two half-time people work on PHEP, then report 2 STAFF, which equals 1 FTE).

To fulfill this deliverable:

1. Provide the required information on the progress report.

B3 Actual Budget

Due: 4th Quarter

Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance:

All categories combined must sum to your total grant award.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B4 Single Item Purchase Report

Due: 4th Quarter

Report the purchase (or contribution to a purchase) of a single item costing more than \$5,000.

Guidance:

If your program purchased a single item that cost more than \$5000, or contributed to the purchase of an item costing more than \$5,000, please provide the following information: 1) Item, 2) Serial number, 3) Acquisition date, 4) Cost, 5) Percentage of PHEP funds used, and 6) Percentage of PHEP supplemental funds used.

To fulfill this deliverable:

1. Provide the required information on the progress report.

Continuity of Operations (COOP)

Dana Barnicoat, 444-1305, dana.barnicoat@mt.gov

Community Resilience

C1 Transfer of Authority and Successor Responsibilities Guidelines

Due: 2nd Quarter (10/01)

Develop and update Transfer of Authority and Successor Responsibilities Guidelines.

Guidance:

This information will be used to assist the State of Montana shape COOP deliverables over the performance period. We will post a sample of the state plan and a template on the PDR.

To fulfill this deliverable:

1. Complete the guidelines and upload the document to the progress report.

C2 Continuity of Operations Training

Due: 3rd Quarter

Complete one of the provided Continuity of Operations trainings in person or online within the budget period and report in the third quarter.

Guidance:

Complete one of the following

- Continuously on the FEMA Independent Study (IS) website
 - Recommended FEMA IS courses:
 - IS 546.a (1 hr)
 - IS 547 (2 hr)
 - IS 520 (1hr)
 - IS 522 (8 hrs)

To fulfill this deliverable:

1. Complete at least one of the trainings offered.
2. On the quarterly report, record training date(s) and personnel attended.

Emergency Medical Countermeasures

Matt Match, 444-6072, mmatch@mt.gov

Community Resilience

Incident Management

Countermeasure &
Mitigation

EMC1 Update and Share CHEMPACK Plan

Due: 1st Quarter

Review, update, and share your jurisdiction's CHEMPACK Plan.

Guidance:

The CHEMPACK Program is a CDC initiative that provides pre-positioned nerve agent antidotes to quickly and effectively use medical countermeasures in the event of an accidental or intentional release of a nerve agent. Public Health plays a vital role in the planning process for the CHEMPACK program. Public Health works with partner agencies to ensure there is a plan to quickly and efficiently request, transport and administer nerve agent antidotes to save lives.

On the progress report local health jurisdictions will upload a reviewed and updated CHEMPACK plan to the quarterly progress report. Ensure the CHEMPACK Facility 24-hour contact information is current. In addition, ensure all other contact information is current. CHEMPACK plans must be reviewed and updated on a regular basis. Using the contact sheet located on the PHEP Resources Page <http://dphhs.mt.gov/publichealth/cdepi/cdcpbresources/phep-resources>, ensure the CHEMPACK Facility 24-hour contact information is up-to-date. In addition, confirm all other contact information is current. Please avoid using person's names, instead use specific job titles and 24-hour contact information.

To fulfill this deliverable:

1. Review and update
2. Distribute plan with emergency preparedness partners
3. On the quarterly progress report, attach the reviewed and updated CHEMPACK Plan with the appropriate site contact information

EMC2 Emergency Medical Countermeasure (EMC) Plan

Due: 2nd Quarter

Review, update, and distribute your jurisdiction's Emergency Medical Countermeasure Dispensing Plan.

Guidance:

Emergency Medical Countermeasure plans detail how local health jurisdictions provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxins, etc.) to support the treatment or prophylaxis of identified populations.

The EMC Plan deliverable for the 2018-2019 grant year focuses only on creating or reviewing the distribution element of the plan. Your plan must have this element. You should confer with your ESF#8 partners and other emergency response associates to discuss how to distribute (transport) countermeasure materiel from the identified SNS Drop Point Location(s) to open and closed PODs.

Example distribution plans are available in the PHEP Resources Page for you to consider. You may also use any other examples you find. It is also possible that the plan you have is suitable for your jurisdiction as it is.

If you and your partners change the plan for distribution, you should consider exercising that change to ensure there are no gaps or problems.

Note: This does not need to be a separate plan. It may be incorporated into the existing EMC Plan

If you do make any changes, distribute this change to all your identified partners in your plan.

To fulfill this deliverable:

1. Create or review distribution plan, with ESF-8 partners, from primary drop location to the open and closed PODs.
2. On the quarterly report, upload distribution portion of the EMC plan.
 - a. Indicate if the plan has changed or remained the same.
 - b. List the partners you consulted while reviewing or rewriting the distribution plan.

EMC3 Emergency Medical Countermeasure (EMC) Inventory Management

Due: 2nd Quarter

Describe your inventory tracking process.

Guidance:

In preparation for the full-scale exercise in the Fall of 2019, PHEP is curious to know what type of inventory tracking process each jurisdiction uses. We would like to know if your jurisdiction uses an inventory management system, spread sheet, or other means to track items such as vaccines. We would also like to know if your EMC plans include a process for tracking and reporting inventory counts during an event.

As mentioned, this is in preparation for the full-scale exercise in the fall of 2019. PHEP is researching inventory options that could be used by all jurisdictions.

On the quarterly progress report the jurisdiction will answer a few questions regarding inventory tracking and management. Questions will be open ended and be a free text response. The questions we are asking will be similar to the following.

- How do you track inventory (i.e. vaccines and other medical materiel) currently?
- Do you currently include inventory management within your EMC plans?
- Do you feel the inventory system you use currently is a good system, why or why not?

To fulfill this deliverable:

1. Answer the questions provided in the progress report.
2. Please be as candid as possible. There are no right or wrong methods, we are only looking to improve systems and communications.

Epidemiology

Jen Fladager, 444-3165, jfladager@mt.gov

E1 Identify Key Surveillance Partners (KSP)

Due: Every Quarter

Identify and provide the *total* number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

Guidance:

KSPs should always include laboratories, as well as key providers likely to report diseases such as community health centers, hospitals, clinics, etc. The number of KSPs can vary for each local health jurisdiction based upon the urban or rural nature of its population. We recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists. KSPs should include schools and long-term care facilities, at least seasonally, as those can be affected during influenza season and are often sources of outbreaks like norovirus. An Excel spreadsheet to assist with tracking key reporting sources, primary and secondary contacts at each facility, and your calls (see E2) is available from the CDEpi section to assist you with documenting this activity. The spreadsheet can be found on the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources>, or by contacting the program. If you have problems retrieving the spreadsheet from PDR page, contact the subject matter expert.

To fulfill this deliverable:

1. Provide the total number of KEY SURVEILLANCE PARTNERS (KSP) that you have identified within your jurisdiction on the progress report.
2. From the total, indicate the number of KSP that are:
 - a. Providers (e.g. private and community clinics)
 - b. Laboratories
 - c. Schools
 - d. Senior Care Facility (Nursing homes/assisted living facilities)
 - e. Other partners

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E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)

Due: Every Quarter

Engage your key surveillance partners through “active” weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

Guidance:

KSPs may vary for each local or tribal jurisdiction. KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for the identification of cases and outbreaks in a timely manner. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider. As in the E1 deliverable, some jurisdictions may add schools during the school year or long-term care facilities during influenza season. Others may conduct routine active surveillance with KSPs most likely to report a communicable disease event to them.

It is important to note if there are a large number of KSPs identified, weekly calls to each one may not be feasible. It may be best to identify a key contact in an organization or facility, and count them as one KSP.

To fulfill this deliverable:

1. Maintain log of active surveillance calls.
2. Indicate on the quarterly progress report if this log was completed.

E3 Routinely Disseminate Information

Due: Every Quarter

Report on the materials your jurisdiction distributes to KSPs each quarter.

Guidance:

While deliverables E1 and E2 identify KSPs, this deliverable assists with effective communication with these partners. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations. Provide a short narrative of your actions. For example: “Two HAN messages from the state and one local HAN were sent to KSPs. An edited local CDEpi weekly update was provided by email to all KSPs as were Norovirus recommendations and guidance to long term care facilities during the winter.”

To fulfill this deliverable:

1. Provide the frequency and short description of materials distributed to KSP on the progress report.

E4 Disseminate Disease Reporting Instructions to KSPs

Due: 1st Quarter

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

Guidance:

The objective of this deliverable is to ensure that 100% of your *key surveillance partners* have the most current information regarding communicable disease reporting. For more guidance, contact CDEpi.

To fulfill this deliverable:

1. Record the date(s) that disease reporting instructions were provided to KSPs with a general description of what materials were provided.

E5 Reconcile Communicable Disease Cases with DPHHS Staff

Due: Every Quarter

Reconcile all communicable disease investigations performed in the past quarter in order to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

Guidance:

This deliverable helps ensure that reporting systems are functioning as intended, by resolving issues related to discrepancies between state and local numbers or by correct assignment of cases to jurisdictions. In addition, it helps us maintain accurate numbers for state generated reports and our submissions to CDC. Review the reconciliation line list provided by DPHHS via ePass in the first month of each quarter (January, April, July, and October).

Information provided to the staff should include:

- Any changes to current cases belonging to your LHJ
- Any cases not on the list that were not reported previously for this time period
- Any cases on the list that *do not* belong to your LHJ

LHJs should report diseases as timely and completely as possible. These metrics are calculated for all reportable diseases except HIV, animal rabies, and rabies post-exposure prophylaxis reports.

For timeliness, the reporting lag is defined as the average number of days between the date of initial report to a local jurisdiction and the date of report to the state (marked as "Ave Local to State Days" on the reconciliation report). Additionally, the average time for local health providers to report cases to the local health jurisdiction should average less than 24 hours (marked "Ave Diagnosis to Local Days" on the reconciliation report).

Remember, for most diseases the local to state target is less than seven days, but there are some that are immediately reportable, or reportable within one business day. Please review ARM 37.114.204 for reporting time frames.

Data completeness is defined as the percentage of cases reported to DPHHS using MIDIS that contain complete data elements. The data elements are defined both in the Administrative Rules of Montana (ARM 31.114.205) and by federal grant requirements. Reconciliation reports track the following fields for completeness:

- | | |
|--------------------------|---|
| A. Date of birth | H. Diagnosis date |
| B. Race | I. Date control measures were implemented |
| C. Ethnicity | J. Date of interview (STD) |
| D. Physical address | K. Date of treatment (STD) |
| E. Zip code of residence | L. Completeness of treatment (STD) |
| F. Onset date | M. HIV test offered (Y/N) (STD) |
| G. Hospitalization (Y/N) | N. Pregnancy status (female STD cases only) |

The goal for completeness of each data element is 90%. Any cases that have missing elements should be updated in MIDIS during the reconciliation process.

When completeness goals are not met, local health jurisdictions will be asked to identify barriers to reporting in a complete and timely manner and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter and note the reporting lag between your jurisdiction and DPHHS staff. Correct typos or fill in missing information in MIDS. If reporting timeliness is below goal, please report what barriers you encountered and describe tactics you have identified to overcome them in the quarterly progress report.
2. Review the most recent DPHHS reconciliation report distributed to you each quarter outlining your jurisdiction's reported cases. Complete any missing required data fields in MIDIS. If data completeness is below goal, please indicate what barriers you encountered and what tactics you have identified to overcome them.
3. Record the date that cases were reconciled with the DPHHS staff.
 - a Indicate the reconciliation completion date in the quarterly progress report.
 - b If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

E6 Maintain 24/7 Communication System

Due: Every Quarter

Participate in the regular testing of the 24/7 notification system initiated by the CDEpi section.

Guidance:

Your 24/7 notification system is tested monthly. Response is required within 15 minutes of the test call. Review your jurisdiction's 24/7 protocols during the grant period and report any failure of the 24/7 notification test system. Any corrective actions must be summarized in an improvement plan. An improvement plan should identify barriers to reporting in a complete and timely manner, and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call. If a failure has occurred, state what happened at the time and document the outcome of the retest.

E7 Exercise the Communicable Disease Response Plan

Due: 3rd Quarter

Conduct a table top exercise with your local communicable disease response partners utilizing one of three communicable disease scenarios developed by DPHHS or substituting a suitable exercise with prior approval.

Guidance:

In order to test existing communicable disease response plans, local health jurisdictions (LHJs) can choose one of three of the following scenarios developed for use as a table top exercise at the local level. This exercise will take an estimated 1-1.5 hours. DPHHS will provide the exercise outlines and presentation materials for LHJs to use during the table top. They are as follows:

1. **TUBERCULOSIS** - A provider at your local hospital contacts the local health department to report a suspect tuberculosis (TB) case in a hospitalized patient. The patient intends to leave the hospital against medical advice, and the provider wants to know if the patient should be held involuntarily until TB is either confirmed or ruled out. The patient works as a certified nurse's aide (CNA) in a local nursing home.
 - a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*
2. **MEASLES** - A nurse working a local school notifies the local health department of an adolescent with a rash and fever who recently traveled to Indonesia with family members. The child has no history of any vaccination, and requires medical care for dehydration.
 - a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*
3. **SALMONELLA** - A provider at your local hospital contacts the local health department to report several individuals presenting to the ER with severe diarrhea, fever, and dehydration. A number of those individuals report eating at a local food establishment within the previous week.
 - a. *This scenario will also exercise your Laboratory Sample Transport Plan (See deliverable L1).*
 - b. *Many jurisdictions in Montana participate in the FDA's Voluntary National Retail Food Regulatory Program Standards. If your jurisdiction participates, this deliverable would meet part 7c of Standard 5. This standard requires that if your jurisdiction has not conducted an actual food related outbreak investigation in the last year, that you conduct a mock investigation to test your procedures.*

These scenarios are developed to test the local response capabilities for difficult communicable disease events that may arise. LHJs may substitute another exercise to fulfill this deliverable with **prior approval** of DPHHS (point of contact-Jen Fladager). However, in order to substitute another exercise, it must meet the following criteria:

1. The scenario must be specific to a communicable disease incident.
2. Involuntary quarantine, isolation, or exclusion portions of your plan must be exercised.
3. The scenario must exercise your Laboratory Sample Transport Plan.

To fulfill this deliverable:

1. Review your communicable disease plan using the Communicable Disease Response Plan checklist found on the PDR page, and have it signed by your Board of Health Chairperson and Health Officer.
2. Select a staff member within your LHJ to conduct the exercise.
3. Download the selected exercise materials from the PDR, or plan your communicable disease exercise after consultation with DPHHS.
4. Gather your local health response partners (suggested response partners are listed within the scenarios), and conduct the exercise.
5. Submit the provided after action report form to CDEpi and answer the follow up questions by the end of the 3rd quarter through your progress report.

E8 Pandemic Influenza Plan

Due: 4th Quarter

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan and your plan review worksheet to the progress report.

Guidance:

Utilize the assessment tool provided in the deliverable resources folder in CDCB Resource Page or in the PDR page at <http://dohhs.mt.gov/publichealth/cdepi/CDCPBResources> for your review. If you have problems retrieving the assessment tool, contact the subject matter expert. Local planning for pandemic influenza is better served by reflecting what will actually happen. Those planning efforts should also reflect the resources and capabilities of your community then outline the processes for engaging other state and local partners.

Avoid copying and pasting information from the World Health Organization (WHO). That approach does not provide proper planning because their scope is on an international scale. Your plan must reflect what your public health agency does during a pandemic in your community. Your preparedness partners should participate in the review and provide feedback for your plans.

To fulfill this deliverable:

1. Attach the completed assessment tool to the progress report (please clearly save it as 2019 Pan Flu Assessment).
2. Attach your reviewed and revised *Pandemic Influenza Plan* to the progress report.
3. CDEpi will review your Pandemic Influenza Plan and provide feedback to your jurisdiction.
4. Archive older versions of your pandemic flu plans.

Exercise

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EX1 Training & Exercise Planning

Due 1st Quarter

Conduct a Training & Exercise Planning Workshop (TEPW) and produce a Multi-Year Training & Exercise Plan (TEP).

Guidance:

The TEPW establishes the strategy, timeline, and structure for an exercise and training program that enhances public health preparedness. In addition, it sets the foundation for the planning, conduct, and evaluation of exercises with other community emergency and response partners.

The purpose of the TEPW is to use the guidance provided by elected and appointed officials to identify to set exercise program priorities and develop a multi-year schedule of exercise events and supporting training activities to meet those priorities. The workshop must include your community's preparedness and response partners. These partners could include sectors such Emergency Support Function #8 - Public Health and Medical Services (ESF#8) partners, who compose the regional

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healthcare coalition. By definition, all providers of healthcare services are part of the coalition, whether they actively participate or not.

- Local Emergency Responders (fire, EMS)
- Healthcare Providers (hospitals, clinics, pharmacists, etc.)
- Community Leadership
- Cultural and Faith-Based Groups
- Civic and Volunteer Organizations
- Social Services
- Mental/Behavioral Health Service Providers
- Local Area Office of Aging
- Education and Childcare

The resulting product of the workshop is the TEP.

The Multi-year TEP outlines an organization's overall priorities for training and exercise during a defined multi-year period. It also identifies the specific training and exercises that will help the organization build and sustain the core capabilities needed to address those priorities.

The TEP is the strategic approach to filling your jurisdiction's public health capability gaps and contributing to community resilience. Your jurisdiction self-identified your gaps in the 2016 Gap Analysis. PHEP can provide you a copy of your gap survey if you need it. Your jurisdiction can develop collaborative exercise and training priorities with your community partners and HCC. However, the TEP must include these PHEP priorities.

- *Priority 1:* Sustain current training and exercise activities.
- *Priority 2:* Work towards filling identified public health preparedness gaps.
- *Priority 3:* Collaborate with preparedness and response partners to build community resilience

The TEPW should also incorporate other informational tools to build the TEP. The following is a list of example documents to bring to the TEPW.

Threat and Hazard Identification and Risk Assessment (THIRA) for your jurisdiction

- After Action Reports
- Workforce needs surveys
- Quality improvement surveys
- Contracts
- Any federal or State standards and requirements (Medicare, social services, public health, etc.)
- Any other similar documents

Note: PHEP will distribute guidance and templates for this deliverable at the beginning of the quarter. It will also be available on SharePoint, 2018-2019 PHEP Deliverable Resources, Exercises, TEPW Guidance folder. It will also be available on the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources>. If you have problems retrieving the template, contact the subject matter expert.

To fulfill this deliverable:

1. Conduct or participate in a TEPW with your jurisdiction's preparedness partners.
2. Upload a summary report of topics discussed at the TEPW to the progress report. Include the location, date, and list of participants.
3. Create your public health agency's Multi-Year TEP and upload a copy to the progress report.

EX2 Influenza Point-of-Dispensing (POD) Clinic

Due 2nd Quarter

Conduct an off-site Influenza POD Clinic involving *at least two local or state organizations* utilizing your jurisdiction's Emergency Medical Countermeasures Plan and complete the EX2 AAR/IP form.

Keys to success:

- Clinic MUST be off site. (Not in regular workplace)
- Involve 2 partner organizations. (Schools, Nursing Homes, EMS, LE, etc.)
- Use the EX2 AAR/IP form (located on PHEP PDR Page)

Guidance:

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazards events ranging from a terrorist attack, an influenza pandemic, or an emerging infectious disease. To better prepare for medical countermeasures, jurisdictions must ensure they can effectively execute their Emergency Medical Countermeasure Plans in response to a public health emergency.

An Influenza POD Clinic prepares local health jurisdictions for a large-scale mass vaccination in the event of an influenza pandemic or other event requiring a vaccination response. This flu clinic does not have any size requirements, but it does need to be conducted off-site.

Following the POD Clinic, complete the EX2 AAR/IP form available on SharePoint in the 2018-2019 PHEP Deliverable Resources Folder under Exercises, and on the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/cdcpbresources/phep-resources>. If you have problems retrieving the form, contact the subject matter expert.

Contact the PHEP Exercise Coordinator or SNS Coordinator for assistance in planning and executing the Influenza POD Clinic.

To fulfill this deliverable:

1. Conduct an Off-Site Influenza Clinic.
2. Complete and upload the Influenza POD Clinic EX2 AAR/IP to the quarterly progress report.

Food & Water Safety

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F1 Sanitarian Participation in LEPC

Due: 4th Quarter

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

Guidance: Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in

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shelter operations.

To fulfill this deliverable:

1. Collaborate with your jurisdiction's Sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.

F2 Review Truck and Train Wreck Protocol

Due: 1st Quarter

The RS for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118. This M.C.A. can be found at

<http://leg.mt.gov/bills/mca/50/2/50-2-118.htm>

Guidance:

Ensure that the information in your current protocol is up to date and sufficient. DPHHS will provide sample accident protocols on the sanitarian resource page located at

<http://dphhs.mt.gov/publichealth/FCSS/SanitarianResource.aspx>. These may be used as guidance in cases where protocols need to be re-written.

To fulfill this deliverable:

1. If the protocol has been modified or relevant staffing changes have occurred, upload a copy of the locally approved truck wreck protocol to the progress report. In cases where no protocol or staff changes have occurred, provide a written statement that the previous year's protocol is still accurate.

F3 After-Hours Contact Information for Sanitarians Integrated into 24/7 System

Due: Every Quarter

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

Guidance:

This system will be tested quarterly. The system will be tested by calling the jurisdiction's After-Hours Number on the Public Health Directory. Our office will ask to speak to the On-Call Sanitarian.

Response is required within 15 minutes of the test call by the On-Call Sanitarian. In the event of a test failure, FCS will notify you and work with you to provide an improvement plan for any failures.

To fulfill this deliverable:

1. Have the On-Call Sanitarian respond to the test call within 15 minutes.
2. On the quarterly progress report, indicate success or failure of your jurisdiction's response to the 24/7 test call. Provide an improvement plan for any failures.

F4 Update Contact Information for All Licensed Establishments

Due: 2nd Quarter

Fill in the contact information in the Licensed Establishment Database.

Guidance:

The Registered Sanitarian for your jurisdiction should be maintaining and updating contact information for all licensed facilities regularly. If needed, contact FCS to request a spreadsheet of the licensed facility information that is present in the database.

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

To fulfill this deliverable:

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

F5 Written Procedure for Investigating Foodborne Illness & Food-Related Injury

Due: 3rd Quarter

Provide a written process that outlines the procedure for investigating Foodborne Illnesses and Food-related Injuries.

Guidance:

If your jurisdiction is participating in the FDA's Voluntary Retail Food Program Standards and has completed Standard 5, that plan would meet this deliverable.

If not, this may already be part of your jurisdictions communicable disease response plan.

Sample written procedures will be provided on the Sanitarian Resource Page and provided to counties upon request.

The list of components needed for this written plan can be found at:

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>

Part	Deadline
Part 1: Investigative Procedure (should have been completed 2017-2018 year)	Submit document in Quarter 4, 2017-2018 year. Verify for accuracy every year after.
Part 2: Reporting Procedures Part 3: Laboratory Support Documentation Part 4: Trace-back Procedures	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Part 5: Recalls Part 6: Media Management	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.
Part 7: Data Review and Analysis	Submit document in Quarter 3, 2020-2021 year. Verify for accuracy every year after.
Documentation Numbers: 1, 2, and 9	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Documentation Numbers: 3, 4, 5, 6, 7, 8, and 10	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.

To fulfill this deliverable:

1. Upload a copy of the locally approved Written Investigative Procedure (parts 1-4 and Documents 1, 2, and 9) to the progress report. Use the Table in the Guidance section to determine what components are needed for each year.

Health Alert Network

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H1 HAN Distribution

Due: Every Quarter

Test your Local HAN System once each quarter.

Guidance:

Each quarter of this grant local health jurisdictions will conduct local testing with their respective health partners. Locals can use the methods that are available to them to conduct the tests. This may include the use of E-mail, FAX or Phone. Conduct Local HAN testing once each quarter with your Local HAN contacts and collect responses.

To fulfill this deliverable:

1. Provide the total number on Local HAN Contacts that you sent the test message to and the total number of responses you received in 25 hours. Health jurisdictions with large lists should conduct HAN tests with a sampling of their list. Real health events will count as long as the responses are collected.

Number of Recipients _____

Number of Responses Received Within 25 hours _____

Response Rate _____

H2 HAN Plans & Protocols

Due: 2nd Quarter

Review and upload your jurisdiction's HAN plans/protocols to the progress report.

Guidance:

HAN Plans and Protocols must be updated periodically so the system remains effective. Last grant year 6 "Essential /Elements" were identified and required to be in the Plans/Protocols. This year 3 "Essential Elements" are to be added to the Plans/Protocols.

Last year's HAN Plans required these "Essential Elements"

DPHHS recommends that local HAN Plans/Protocols include:

- Procedures for receiving and responding to the HAN message.
- Procedures for forwarding the HAN message if necessary.
- List(s) of Local HAN contacts with contact information updated as needed.
- A list of communication equipment used in your local HAN system.

- "After-Hours" contact information for the Public Health Department or Tribal Health Agency included in the Plans/Protocols.
- A local cover sheet to forward HAN messages.

This year's HAN Plans require the **addition** of these "Essential Elements"

- The four categories of HAN messages.
- The four levels of distribution: Distribute, Limited Distribution, Distribute at Your Discretion, and Do Not Distribute.
- A Record of Change page to track updates in the document.

To fulfill this deliverable:

1. Add the new "Essential Elements" to your HAN Plan/Protocol.
2. Review and Update your HAN Plans/Protocols and Upload them to the progress report.
3. Answer the questions on the progress report.

H3 Local HAN Contacts

Due: Every Quarter

Provide the total number of HAN contacts by audience type.

Guidance:

Throughout the grant year this list may change. Sometimes it is driven by the events that happen. Updating this list will ensure that your contacts will receive your information in a timely manner. A list of audience types will be available on the quarterly progress report.

To fulfill this deliverable:

1. Count and report the number of contacts in your jurisdiction who are:
 - Healthcare providers
 - Food establishments
 - Sanitarians
 - School contacts
 - Hospital contacts
 - Laboratory contacts
 - Pharmacy contacts
 - Emergency management contacts
 - Volunteer organizations
 - Law enforcement contacts
 - and others

H4 Tactical Communications

Due: 3rd Quarter

Inventory modes of tactical communications for your jurisdiction.

Guidance:

Local and tribal health agencies must have redundant tactical communications to maintain connection within and across jurisdictional borders. Fortunately, there are many modes of communication available to turn to in the event of a disaster, or even the occasional technological mishap.

The intent of this deliverable is to take inventory of the resources available to you for tactical communications. Not all local health jurisdictions (LHJ) have the same capabilities, and PHEP would like to track what is available to each. For example, some health jurisdictions who requested satellite phones to use in an emergency no longer use them, and others still do. Also, some LHJs have high-frequency radios, and others do not.

As a reminder, PHEP funds can be used to help support satellite phone costs.

To fulfill this deliverable:

1. Indicate the modes of redundant tactical communication devices available to you in your LHJ on the progress report.
 - E-mail
 - Cell Phone
 - Satellite Phone
 - FAX machine
 - VoIP Phone
 - VHF Radio
 - HF Radio
 - Other
2. If a satellite phone is available to you in your LHJ, provide the phone number for each satellite phone your jurisdiction in the Montana Public Health Directory (see the A1 deliverable).

H5 Redundant Tactical Communications Test

Due 2nd and 4th Quarter

Contact the DPHHS Duty Officer and provide him or her with your name, jurisdiction, and the device you are using (i.e. Phone, Cell Phone, Satellite Phone, etc.)

Guidance:

Knowing who to call in an emergency is a question we all deal with. For this deliverable you will contact the DPHHS Department Operations Center (DOC) and speak with the on call DPHHS Duty Officer. When the DOC is “activated” in a real event or emergency, the phone number would be monitored by our DPHHS Liaison, but is available 24/7 with the Duty Officer.

Twice (2) during the grant year, LHJs must conduct a communications test to maintain this connectivity with PHEP and each LHJ by calling the DPHHS DOC at (406) 444-3075. Provide the Duty Officer on call with your name, jurisdiction and the with which device you are using (i.e. Phone, Cell Phone, Satellite Phone, etc.)

To fulfill this deliverable:

1. In the 2nd Quarter, call the DPHHS Duty Officer at (406) 444-3075 and provide him or her with your name and jurisdiction and the device you are using.
 - a. Record the date of the call in the 2nd Quarter progress report.
2. In the 4th Quarter, call the DPHHS Duty Officer at (406) 444-3075 and provide him or her with your name and jurisdiction and the device you are using.
 - a. Record the date of the call in the 4th Quarter progress report.

Immunization

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IZ1 Off-Site Influenza Clinics

Due: Every Quarter

Report the total number of off-site influenza immunization clinics and the total number of influenza vaccine doses administered at the off-site clinics.

Guidance:

Off-site influenza clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site influenza clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency.

The *Immunization-PHEP* spreadsheet containing the IZ1 worksheet (tab 1), provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is located on the PHEP Deliverable Resources (PDR) webpage under Immunization.

To fulfill this deliverable:

1. Use the IZ1 worksheet to track off-site clinics and doses of influenza administered.
2. Total the number of off-site influenza clinics conducted every quarter.
3. Total the number of influenza doses administered every quarter.
4. Report the total number of off-site clinics and influenza doses administered to complete the Progress Report every quarter.

IZ2 Influenza Partners & Communication

Due: Every Quarter

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

Guidance:

Advanced planning, including identifying communication strategies, are important components to emergency management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization-PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is located on the PHEP Deliverable Resources (PDR) webpage under Immunization.

To fulfill this deliverable:

1. Use the IZ2 worksheet to track vaccine partner meetings and influenza prevention messaging and clinic advertising every quarter.
2. Report the information to complete the Progress Report every quarter.

IZ3 Influenza POD Exercise Checklist

Due: 2nd Quarter

Complete the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.

Guidance:

Establishing readiness for an off-site influenza clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals.

The checklist will be located on the PHEP Deliverable Resources (PDR) webpage under Immunization and is currently in the deliverables binder. Directions to complete the checklist will be made available on the PDR. In addition, the program is working with the CDC to edit the checklist to fit the specific needs of Montana and make the checklist fillable.

To fulfill this deliverable:

1. Review the checklist during the pre-planning stage for the Influenza POD Exercise.
2. Complete the sections during the appropriate stages.
3. Upload the completed checklist to the Progress Report.

Public Health Laboratory

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L1 Exercise the Laboratory Sample Transport Plan

Due: 3rd Quarter

Utilizing one of the three disease scenarios developed by DPHHS, as part of the tabletop exercise, discuss how you would get samples to the Public Health Laboratory in the event that the Montana Public Health Laboratory (MTPHL) courier service is not available.

Guidance:

This exercise will determine the effectiveness of the Laboratory Transport Plan, identifying any potential gaps. During the E7 table top discussion, local health jurisdictions (LHJs) will discuss how the laboratory sample collected from one of the three individuals described in the E7 scenarios will be packaged and transported to MTPHL for testing. The MTPHL courier service is not available so alternate means of transportation will have to be arranged. LHJ's will need to rely on their laboratory sample transport plans. The 2016-2017 laboratory deliverable revolved around updating portions of

the Laboratory Sample Transport Plans, specifically how to transport infectious substances, unknown substances (AKA white powders), and water samples for biological and chemical testing (CBAT, Category A, DWES). The same transport procedures can be used to transport clinical samples, especially in the event of a potential public health crisis requiring expedited laboratory testing.

Questions to answer during table top exercise:

1. Does the LHJ know how to reach MTPHL, including after hours?
2. Does the LHJ know how to order MTPHL laboratory testing, and do they have requisition forms?
3. Does the LHJ know how to find MTPHL laboratory sample requirements (serum, urine, stool, sputum) and transport requirements (room temperature, frozen, refrigerated)?
4. Does the LHJ know how to package the sample according to the method used for transportation?
5. Has the LHJ provided correct contact information in order that MTPHL staff can easily reach them with questions and/ or test results?
6. Has the LHJ communicated with MTPHL regarding the approximate arrival time of the sample and what the mode of shipment is? (FedEx, UPS, county employee, etc.)

To fulfill this deliverable:

1. Select a staff member within your LHJ to conduct the exercise, and have that individual review the materials.
2. Download the selected exercise materials from the CDEpi Resource Page.
3. Gather your local health response partners (suggested response partners are listed with in the scenarios), and conduct the exercise.
4. Submit the provided after action report form to CDEpi by the end of the 3rd quarter. In this report, include any gaps that were identified during the exercise and the improvement plans developed to address those gaps.

Planning

Luke Fortune, 444-1281, lfortune@mt.gov

P1 Participation in Regional Healthcare

Coalitions

Participate in an organized regional working group meeting of public health jurisdictions within a Healthcare Coalition area to select the necessary executive committee public health representatives.

Guidance:

Community Resilience

Incident Management

Information
Management

Countermeasure &
Mitigation

Due: 1st Quarter

The new Healthcare Coalitions (HCC) need the support and participation from all healthcare organizations within their regions, one of which is public health. By definition, all providers of healthcare services are part of the regional healthcare coalition, whether they actively participate or not, and could be considered as potential ESF#8 partners.

The executive committees for these coalitions are responsible for organizing healthcare preparedness, planning, training, and response to emergencies and disasters. They are also responsible for distributing Hospital Preparedness Program (HPP) grant funding to healthcare applicants. HPP is a sister program to PHEP.

These HCCs face many challenges as fledgling organizations and all public health agencies are expected to participate in the coalition's activities. In fact, the **HPP/PHEP 2017-2022 Cooperative Agreement** that provides the funding from the Assistant Secretary for Preparedness and Response (ASPR) and the CDC states, "*HPP and PHEP awardees **must** ensure that local health departments participate in HCCs in their jurisdictions,*" (p.23).

This deliverable requirement is for each LHJ to assist in organizing regional public health support and participation in its respective HCC. *LHJ public health agencies will organize and meet by HCC region.* The purpose of the regional gathering is to select **two** representatives for each respective HCC **executive committee**. At least one representative of your public health department must attend the meeting. DPHHS PHEP will assist each region to set up the meeting and provide guidance. A DPHHS representative will be available as advisor for each regional meeting.

The PHEP regions are divided the same way as the HCC regions for consistency. The regional working groups must meet before the end of the 1st quarter. *This meeting may be physical or virtual (via phone, WebEx, etc.) or a combination.* PHEP can provide a phone meeting bridge for each region if reserved.

The original coalitions were defined by the EMS trauma regions. The eastern region, however, is too large and diverse for one group. Therefore, the eastern HCC region has been split into two. The east central half will meet as a group to select one representative for the core membership of the eastern HCC executive committee, and the eastern half will do the same.

East Central HCC PHEP East Central jurisdictions are Bighorn, Carbon, CMHD, Crow, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.

Eastern HCC PHEP East jurisdictions are Carter, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Valley, Treasure, and Wibaux.

Central HCC PHEP jurisdictions are Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Meagher, Liberty, Pondera, Rocky Boy, Lewis & Clark, Teton, and Toole.

Western HCC PHEP jurisdictions are Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.

There is no need to create any formal documents, such as bylaws or formal articles of organization. A simple working group to share information, discuss their involvement with the HCCs, and select representatives to the regional HCC executive committee is the only requirement. More information about the regional HCCs is available with this manual.

These regional groups may also serve other purposes if there is interest among the jurisdictions. One DPHHS PHEP might also call upon these groups in the future for additional assistance. For now, the requirement is for the regional group to meet at least once per year with the purpose of selecting HCC public health core representatives. Those people selected to the HCC executive committees will be subject to the bylaws of their respective organizations.

To fulfill this deliverable:

1. Help *organize and attend* a regional PHEP working group meeting to select representatives for that region's HCC executive committee.
2. Mark P1 complete on the progress report if you attended the meeting to select two public health representatives for the regional HCC executive committee public.
3. Report date of meeting and names of the public health regional executive committee representatives selected.

P2 Medical Surge Planning Preparedness

Due: 2nd Quarter

Assist development of HCC response plans, predominantly focusing on surge operations.

Guidance:

This deliverable is focused on preparing information for regional HCC planning development that might include medical surge scenarios. The federal Hospital Preparedness grant requires the HCCs to develop region-specific response plans this fiscal year. We are gathering information at the local level to have a better picture about medical surge planning across Montana.

Medical Surge is Capability 10 of the Public Health Preparedness Capabilities: National Standards for State and Local Planning. Medical surge planning ensures that a maximum number of people receive safe and appropriate care. This can involve, but is not limited to, facilitating the triage and distribution of people requiring care to appropriate facilities and providing support to those facilities.

Written plans should include processes to engage in healthcare coalitions and define the roles and responsibilities of each coalition partner. This includes situational awareness, integration of services during emergency disaster response with surge needs, and coordination of activities to minimize duplication of efforts. These plans should also include processes (e.g., MOUs or other written agreements) with emergency management, healthcare organizations, coalitions, and other partners.

To fulfill this deliverable:

1. Answer the questions on the progress report regarding medical surge plans and MOUs.
 - a. Does any health care facility in your jurisdiction have a medical surge plan?
 - b. Does your public health department have a role in a medical surge plan in your jurisdiction?
 - c. Does your jurisdiction have up-to-date (within the last two or three years) memorandums of understanding (MOU) among healthcare facilities for medical surge?

P3 Public Health Responder Safety & Health

Due: 4th Quarter

Identify public health emergency responders' safety and health risks and personal protective needs.

Guidance:

The Public Health Preparedness Standards Capability 14 Responder Safety and Health describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested. Jurisdictions reported low abilities in this category in the 2016 Montana PHEP Gap Analysis, and this deliverable is intended to begin strengthening those abilities.

This is *not* a deliverable about implementing Emergency Responder Health Monitoring and Surveillance (ERHMS), although it can be related. ERHMS is a framework developed by the National Institute for Occupational Safety and Health (NIOSH). ERHMS is a tool for ALL emergency responders. Their materials and information are useful, and PHEP encourages their use as a resource.

This deliverable requirement addresses the functional ability for your LHJ to identify safety and health risks for public health workers during public health emergencies, as well as the personal protective needs to keep them safe. Activities to keep your responders safe are four-fold.

Risk Assessment – Your LHJ should identify risks to public health responders based on pre-identified public health incident risks, which are developed in consultation with partner agencies (e.g., LEPC, TERC, healthcare organizations).

Planning – Your plans should address how and when to identify the needs of responders before and during public health emergencies to protect them from the identified risks. Written plans should include documentation of the safety and health risks your public health agency faces when responding to an emergency or disaster. The plans should also include procedures for acquiring the appropriate personal protective equipment. Planning documents should also include specific safety guides.

Training – Your public health staff must remain knowledgeable about the proper use of the PPE and other safety equipment to remain safe. Public health staff who will participate in emergency response (e.g. planners, environmental health staff, preparedness staff, and epidemiologists) should have, at minimum, awareness-level training on population monitoring to identify risks and recommendations for personal protective equipment.

Public health staff participating in responses where Level A equipment is to be used should have Level A awareness and technical response training. If participating in a clinical scenario, public health staff should have or have access to Level D basic safety equipment, including gloves, gowns, coveralls, masks, goggles, hard hat, and face shields.

Exercises – Your exercises should test your plans and training for identifying risks, acquiring PPE, and properly using that PPE.

Please refer to Capability 14 Responder Safety & Health in the Public Health Preparedness Capabilities: National Standards for State and Local Planning, available on the PDR

Resources: (These links will also appear on the PDR Planning tab)

Response Worker Health and Safety: <https://www.cdc.gov/disasters/workers.html>

National Institute for Occupational Safety and Health (NIOSH):

<https://www.cdc.gov/niosh/erhms/default.html>

Occupational Safety and Health Administration, general description and discussion of the levels of protection and protective gear:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9767

PHEP will provide a checklist for you to assess your current capabilities for public health responder health and safety. You will also write a short action plan on the checklist to address any issues you find in your capabilities.

To fulfill this deliverable:

1. Complete provided checklist to assess specific gaps in your public health department's responder health and safety capabilities.
2. Write a brief action plan to improve your responder health and safety capabilities on the checklist
3. Upload the checklist/action plan to the progress report.

Risk Communications

Ian Thigpen, 444-0931, ithigpen@mt.gov

Community Resilience

Incident Management

Information
Management

RC1 Crisis and Emergency Risk Communication Plan Review

Due: 2nd Quarter

Self-evaluate your jurisdiction's risk communications plan by completing the online survey.

Guidance:

Your jurisdiction's public information plan may be specific to your health department, a general document for your county or tribal jurisdiction, or part of its Emergency Operations Plan, or part of your public information section in your SNS plan. No matter its form or location, adopting the best practices outlined in the Crisis and Emergency Risk Communication (CERC) program will ensure a solid plan. A well written public information plan should, at a minimum, emphasize the six CERC Principles.

1. **Be First:** Crises are time-sensitive. Communicating information quickly is almost always important. For members of the public, the first source of information often becomes the preferred source.
2. **Be Right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
3. **Be Credible:** Honesty and truthfulness should not be compromised during crises.
4. **Express Empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
5. **Promote Action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes a restored sense of control.
6. **Show Respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Writing or reviewing a risk communications plan should include emergency preparedness and response partners. This can help consistent messaging efforts. It will also help bridge any gaps between agency communication or information systems in your jurisdiction.

Look at your jurisdiction's efforts inform Access and Functional Needs (A&FN) populations in the event of an emergency (see AFN2).

The Risk Communications coordinator might choose to give some jurisdictions feedback on the self-assessment.

Your CERC program or plan should include Standard Operating Procedures (SOP) or guides, templates, resources, and other 'tools' which your jurisdiction will use to develop, approve, refine, and disseminate a risk communications message. It's important that the tools are appropriate for developing a message for an audience experiencing significant stress from a disaster or emergency. You can download many of the most helpful tools from the CDC's CERC website:

<https://emergency.cdc.gov/cerc/index.asp>

Traditional risk communication typically conveys facts to an audience dispassionately. Public health risk communication also does not typically include an audience assessment, message pre-testing, or monitoring and evaluating how an audience emotionally reacts to a message. However, in a crisis or emergency, the cognitive disposition of audiences is typically shifted from calm and collected to stressed and emotionally charged. In this state, communicating facts dispassionately will not promote action as effectively.

Messages can be more effective when we incorporate CERC principles, steps, and tools into the traditional risk communication process for an audience that is in a cognitive state of duress. CERC steps and tools include audience analysis, specific message development tools, message pre-testing, and monitoring and evaluating the emotional response of the audience when receiving the message.

These tools should be fully integrated to your communication plans. Incorporating emergency management situational awareness and common operating picture tools enables the collection and dissemination of CERC related information.

To fulfill this deliverable:

1. Complete the online survey. PHEP will provide the link to the survey by email, post it on PDR, and include it in the progress report template.

RC2 Public Information Communication Exercise

Due: 3rd Quarter

Exercise a public information component in conjunction with the E7 Communicable Disease Response Plan Exercise.

Guidance:

The exercise for the Epidemiology deliverable E7 must include a component of CERC. You must construct a message related to the scenario you chose for the exercise, using the procedures outlined in your communications plan. Identify the intended audience, your messaging partners, and the modes in which you will release the message. Also identify the timing of the message (at what point you would send it out). The message should be pertinent to the parameters of the exercise and warn the public of any risks involved.

To fulfill this deliverable:

1. During the E7 exercise, write a media release related to the chosen scenario, using your communications plan.
2. Assess the public information component in the exercise's After-Action Report.
3. Upload the media release to the progress report.
4. On the progress report, indicate the intended audience of the message, who the messaging partners were, and what modes of communication you identified

Training

Margaret Souza, 444-3011, msouza@mt.gov

Community Resilience

Incident Management

Countermeasure &
Mitigation

T1 Update Trainings

Due: 4th Quarter

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster are trained, at a minimum, in ICS 100, 200, and 700.

Guidance:

ICS stands for Incident Command System. IS means Independent Study. Training for 100, 200, and 700 courses, and others, is available on-line at <http://www.training.fema.gov/is/nims.aspx>. Other advanced or position specific training is available on this website. In-person field courses are offered through the state Disaster and Emergency Services. Speak to your local emergency manager to get information about this kind of training or check email for the training bulletins.

At least one person in public health must be trained in ICS 300. If staff is already trained to that level, at least one person must take at least one other FEMA ICS or FEMA independent study course. These courses may include Public Information Officer trainings, Exercise Evaluation and Improvement Planning, An Introduction to Exercises, or any of the Emergency Management Institute Courses. Courses that would fulfill this requirement can be taken at the Summer Institute, online, or onsite at one of the FEMA Emergency Management Institute sites. Other courses you feel would enrich your capacity to respond to a disaster will need to have prior approval.

Documentation in the form of a certificate or course sign in sheets should be kept for the duration of an employee's employment with your agency. These may be electronic or paper copies.

To fulfill this deliverable:

1. Create or update your current spreadsheet listing each employee's name and the dates and names of the ICS courses taken.
2. Keep copies of the FEMA certificates in a file, either electronically or paper copies.
3. Upload the spreadsheet to the progress report.

T2 Training to an Identified Gap (Part 1)

Due: 1st Quarter

Choose one gap that was identified in an earlier AAR/IP and identify how this gap will be addressed.

Guidance:

After Action Reviews and Improvement Plans (AAR/IP) are created after exercises to identify gaps. For example, in the 4th Quarter of Budget Period 1 (last quarter) you identified a gap from an AAR/IP as part of your training deliverables.

For this quarter, choose a gap from any recent exercise AAR/IP (it may even be the one you identified in BP1) that might require new learning or training. It must be a gap you can address by the end of the third quarter.

Examples of gaps may include changing a process, rewriting a portion of a plan, building stronger partnerships, or any gap that would make the next exercise, or real event, seamless. The process for acquiring new knowledge or skills is dependent on the gap you choose to fill. A round table discussion to discuss new roles might suffice for a new written plan. A webinar or online video could help clarify a process that didn't go well. Maybe you need a full training to cover a major flaw. Make sure that the learning method is proportional to the need.

To fulfill this deliverable:

1. Identify the gap in the comment box of the Progress Report and explain the process in which you prioritized this as an important gap.

T3 Training to an Identified Gap (Part 2)**Due: 3rd Quarter**

Demonstrate that you have addressed the gap identified in T2 (Part 1).

Guidance:

Write a brief narrative of how the gap was filled by training. What exactly did you do to fill this gap? Examples might include: What relationships did you build and with whom; how did you provide the common operating picture: what will their role be, are their skills adequate, do you need to provide training? Were there new MOUs? If so, will you exercise that at some point? Did you change your plan? If so, which one? Will you conduct a training or learning session about the changes, then conduct a tabletop exercise to see if it is workable?

To fulfill this deliverable:

1. Write a brief narrative of how the gap was filled or if not, explain why? Use the comment box in your Progress Report to give a brief explanation of what you did and how it turned out.

T4 Attend One ESF#8 Meeting**Due: 4th Quarter**

Attend one ESF#8 meeting in your jurisdiction during the budget period to learn of any training needs related to emergency operations.

Guidance:

Emergency Support Function #8 Public Health & Medical Services, known as ESF#8, is part of Montana's Emergency Response Framework (MERF). ESF#8 responses include addressing medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of individuals classified as having access, functional, or special needs. The purpose is to (1) identify health and medical needs

of the county before, during, and after a disaster; (2) coordinate the health and medical resources needed in responding to public health and medical care needs following a significant natural disaster.

There might be training needed among emergency managers or public health personnel regarding ESF#8 functions and capabilities during responses to disasters. To help determine any needs, attend an LEPC/TERC meeting and inquire about any ESF#8 specific training needs in your county. Your LEPC/TERC may have a sub-committee for ESF#8. If there is not, discuss the possibility of forming one for your jurisdiction. You can use the information above to form your proposal. By definition, all providers of healthcare services are part of the regional healthcare coalition, whether they actively participate or not, and could be considered as potential ESF#8 partners.

To fulfill this deliverable:

1. Attend an ESF#8 committee meeting in your jurisdiction and record the meeting date of the in the Progress Report.
2. If such a group does not exist in your LHJ, propose to your LEPC/TERC to form an ESF#8 subcommittee.
3. Describe any ESF#8 training that you believe would benefit emergency management in your jurisdiction.

May 22, 2018

Contract 18-94

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: WIC – Farmers’ Market Task Order # 19-07-5-21-080-0

INITIATED AND PRESENTED BY: **Tanya Houston, Health Officer**

ACTION REQUESTED: **Approval of Contract**

BACKGROUND: The purpose of this Task Order is to provide Farmers’ Market nutrition education and Farmers’ Market vouchers to eligible WIC participants.

Amount: \$1,201.04

Term: July 1, 2018 to June 30, 2019

RECOMMENDATION: Approval of Contract

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE: Madam Chair, I move that the Commission APPROVE Contract 18-94, Farmers’ Market Task Order # 19-07-5-21-080-0.

MOTION TO DISAPPROVE: Madam Chair, I move that the Commission DISAPPROVE Contract 18-94, Farmers’ Market Task Order # 19-07-5-21-080-0.

TASK ORDER 19-07-5-21-080-0
TO CASCADE COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVERS THE PERIOD OF JULY 1, 2012 - JUNE 30, 2019
Cascade County WIC Program

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951 and (406) 444-5533 and Cascade City-County Health Department (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address and phone number are 81-6001343, 115 4th St So, Great Falls, MT 59401-3618, (406) 454-6950 for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The purpose of this Task Order is to provide Farmers' Market nutrition education and Farmers' Market checks to eligible WIC participants.

SECTION 2: SERVICES TO BE PROVIDED

A. The Contractor shall provide the following services:

- (1) Conduct the WIC Farmers Market Nutrition Program (FMNP) by assuming all administrative and financial responsibilities for the Farmers Market Nutrition Program. The Contractor shall administer the WIC FMNP Program in accordance with the current regulations contained in 7 CFR Parts 246 and 3016, the WIC FMNP State Plan and US Food and Nutrition Service (FNS) guidelines and instructions. Copies of the WIC FMNP State Plan are available from the DPHHS office and the federal regulations governing the WIC Program may be found at the FNS/USDA.GOV website at <http://www.fns.usda.gov/wic/lawsandregulations/WICRegulations-7CFR246.pdf>.
- (2) Provide performance, activity and fiscal reports required by the Department, including, but not limited to, the following:
 - a) An itemized 'FMNP Expenditure Report', on a quarterly basis (July-Sept, Oct-Dec, Jan-Mar, and Apr-Jun) for funds expended from July 1 through June 30.

The report (Attachment A) is due by the 28th of the month following the last month of the quarter (with the exception of the final report, due July 15, 2019) unless the Department agrees there is good cause for the delay and provides written approval.

- b) A final billing invoice for allowable expenses incurred during the term of this Task Order is due **July 15, 2019**.
- c) The 'Montana FMNP Participant Category' monthly report demonstrating the number of participants, and their WIC category, that have been issued WIC FMNP checks.

The report is due to the Department by the 28th of the month following the month for which the report is submitted, unless the Department agrees there is good cause for the delay and provides written approval (e.g. a difference between the monthly close-out dates of the Department and the Contractor).

- d) The 'FMNP Issuance' monthly report that lists any WIC FMNP check sequence numbers issued, voided (include the reason) or destroyed.
- (3) Develop and keep participant records, or other records required by the Department, in accordance with current regulations contained in 7 CFR Part 248, the WIC FMNP State Plan and the FNS guidelines and instructions, or as the Department determines necessary or useful for assuring quality performance of this Task Order.
 - (4) Prohibit smoking within the space used to perform WIC Program functions during all times that such functions are actually occurring and, as required by Public Law 103-111, publicly post an announcement that smoking is prohibited in the service site.
 - (5) Maintain an adequate, safe and sanitary service site for the employees and WIC participants in each clinic provided for under this Task Order.
 - (6) Implement a food delivery system prescribed by the Department pursuant to 7CFR Section 246.12 of the WIC Federal Regulations and approved by FNS.

B. The Department shall provide the following services:

- (1) Training in WIC and FMNP administrative policies, procedures, and nutrition services.
- (2) Payment within 30 days of receipt of quarterly 'FMNP Expenditure Report'.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

- A. The term of this Task Order for the purpose of delivery of services from July 1, 2018 through June 30, 2019 unless terminated otherwise in accordance with the provisions of this Task Order.
- B. This Task Order is a one-time contract and there are no assurances that it may be extended for any period beyond that specified above or beyond termination otherwise provided in this Task Order.

SECTION 4: COMPENSATION

- A. In consideration of the services to be provided through this Task Order, the Department shall reimburse the Contractor for actual expenses which are allowable in accordance with the WIC FMNP State Plan and reasonably incurred in the performance of this Task Order.
- B. The Total Budget amount payable as consideration for services performed under this Task Order, and determined by the Department as actual, necessary and reasonable expenses incurred in accordance with the current regulations contained in 7 CFR Part 246, is \$1,201.04.
- C. The Department will reimburse the Contractor for allowable expenses incurred and reported/claimed on the quarterly 'FMNP Expenditure Report' invoice (see copy of attachment A). These invoices may be obtained from the Department and must be submitted as outlined in Section 2(A).
- D. If the Contractor makes expenditures or incurs obligations in excess of the budget originally established or adjusted via modification, it shall do so at its own risk, and the Department is not obligated to pay the Contractor beyond the budget stated in the Task Order.
- E. The Department shall have the right at any time to request additional documentation concerning Contractor costs, including any records required by this Task Order. The Department may dispute all or a portion of any billing invoice, and may withhold payment of the disputed portion until the dispute is resolved to the Department's satisfaction.
- F. If the Contractor fails to comply with the record keeping requirements of this Task Order, all payments of reimbursement due may be withheld until compliance with those requirements is verified in a manner acceptable to the Department or until a final settlement is reached following termination of the Task Order.

- G. Subject to the Department's approval of the work performed under this Task Order and to the appropriations and disputed billing provisions set forth above, within 30 days after receipt of the Contractor's invoices, the Department will reimburse the Contractor for the allowable costs incurred during the billing period.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. The source of the funding for the Contractor's administrative expenditures is State of Montana Special Revenue funds.

The Department, at its discretion, may terminate at any time the whole or any part of this Task Order or modify the terms of the Task Order if funding for the Task Order is reduced or terminated for any reason. Modification of the Task Order includes, but is not limited to, reduction of the rates or amounts of consideration or alteration of the manner of the performance in order to reduce expenditures under the Task Order.

- B. The contractor shall maintain complete, accurate, documented and current accounting of all program funds received and expended.
- C. Reimburse the Department for any WIC Program funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery or other loss caused by the Contractor, its employees or agents.

In addition, the commission of fraud against or abuse of the WIC Program by the Contractor is subject to prosecution under applicable federal, state, or local laws. A Contractor that has willfully misapplied, stolen, or fraudulently obtained WIC Program funds is subject to a fine of not more than \$25,000, imprisonment of not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000, imprisonment of not more than one year, or both [7 CFR 246.23(d)].

SECTION 6: CONFIDENTIALITY

FEDERAL WIC REQUIREMENTS

- A. The use or disclosure of information obtained from WIC program applicants and participants is restricted to:
- (1) persons directly connected with the administration or enforcement of the WIC program, including persons investigating or prosecuting violations in the WIC Program under federal, state, or local authority;

- (2) representatives of public organizations designated by the Department as administering health or welfare programs that serve persons categorically eligible for the WIC Program; and
 - (3) the Comptroller General of the United States for audit and examination authorized by law.
- B. The Contractor may employ WIC Program information only for the purpose of establishing the eligibility of WIC applicants and participants for health or welfare programs which it administers and conducting outreach to WIC applicants and participants for such programs, and may not disclose the information to a third party other than those cited in (A) above.

SECTION 7: LIAISONS AND SERVICE OF NOTICES

- A. Glade Roos, WIC FMNP Coordinator, will be liaison for the Department.
- B. Jo-Viviane Jones, Family Health Services Manager, will be liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of the Task Order.

- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties addresses set out in this Task Order.

SECTION 8: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief identified below:

Kristen Rogers (406) 444-4743, Fax (406) 444-2606, Kristen.Rogers@mt.gov is the Bureau Chief for the Department. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained then the Contractor may request a review and determination to be made by the division administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the administrator to present its reasons or position on the disagreement. If the division administrator cannot resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 9: SCOPE OF TASK ORDER

This task order consists of 6 numbered pages and Attachment A.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date: _____
Todd Harwell, Administrator
Public Health & Safety Division

CASCADE CITY-COUNTY HEALTH DEPARTMENT
CASCADE COUNTY COMMISSIONERS,

By: _____ Date: _____
Joe Briggs, Chairperson

By: _____ Date: _____
James Larson, Commissioner

By: _____ Date: _____
Jane Weber, Commissioner

On this ____ day of ____, 2018, I hereby attest the above-written signatures of Joe Briggs, James Larson, and Jane Weber, Cascade County Commissioners.

Rina Fontana Moore, Clerk & Recorder

Federal I.D. Number: 81-6001343

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

Jane Weber, Chairman

Joe Briggs, Commissioner

James L. Larson, Commissioner

Passed & approved at the Commission Meeting held on this ____ day of ____, 2018.

Attest

On this ____ day of ____, 2018, I hereby attest the above-written signatures of
Jane Weber, Joe Briggs and James L. Larson, the Cascade County Commissioners.

RINA FONTANA MOORE, CASCADE COUNTY CLERK AND RECORDER

Attachment A – FMNP Expenditure Report**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

Helena, Montana 59620

INVOICE FARMERS' MARKET NUTRITION PROGRAM (FMNP)

PROVIDER/TAX ID	CONTRACT NUMBER	INVOICE DATE	INVOICE NUMBER	
81-6001343	19075210800			
CONTRACTOR/PROVIDER		BILL TO		
NAME: Cascade City County Health Department ADDRESS: 115 4th St. So CITY, STATE ZIP: Great Falls, MT 59401-3618 PHONE NUMBER: (406) 454-6950		DIVISION/PROGRAM NAME: WIC-DPHHS ADDRESS: Cogswell Building, 1400 Broadway CITY, STATE ZIP: Helena MT 59620 PHONE NUMBER: 406-444-5533		
Billing Period: _____ to _____		Statement Date: _____		
COST CATEGORIES	BUDGETED	CURRENT	YR TO DATE	BALANCE
Salaries (Month total from Page 2)				
Benefits (actual)				
Operating Expenses (supplies/materials)				
Communications (phone, postage, etc)				
Travel (mileage, travel cost, per diem, lodging)				
Contract Services**				
Other: (specify)				
TOTALS				
Total this Billing Cycle:				

** Actual expense or DPHHS pre-approved cost allocation plan

PROVIDER/CONTRACTOR APPROVAL:	DEPARTMENT APPROVAL:
I certify that the above costs are actual, necessary and allowable for the performance of the agreement. There is no duplication of costs and the statement is mathematically correct.	Comment:
Preparer Signature _____ Date _____	Approved Amount: \$ _____
Contractor _____ Date _____	State Reviewer _____ Date _____

Attachment A - Page 2

Personnel Breakdown

Employee Name	Current Month Gross	Gross YTD	Current Month Hours	Hours YTD

Totals:				

May 22, 2018

Contract 18-96

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: MOU – Great Falls Rescue Mission, Back to School Rally

INITIATED AND PRESENTED BY: Tanya Houston, Health Officer

ACTION REQUESTED: Approval of Contract

BACKGROUND: The purpose of this agreement concerns the responsibilities of the Great Falls Rescue Mission's utilization of the parking lots associated with Cascade City County Health Department Property.

RECOMMENDATION: Approval of Contract

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE: Madam Chair, I move that the Commission APPROVE Contract 18-96, MOU – Great Falls Rescue Mission, Back to School Rally

MOTION TO DISAPPROVE: Madam Chair, I move that the Commission DISAPPROVE Contract 18-96, MOU – Great Falls Rescue Mission, Back to School Rally

MEMORANDUM OF UNDERSTANDING
ALLOWING USE OF COUNTY PROPERTY

CONTRACT
18-96-
RETURN TO COMMISSION

This Memorandum of Understanding by and between Cascade County, 325 2nd Avenue North, Great Falls, MT 59401 and Great Falls Rescue Mission, 402 2nd Avenue South, Great Falls, MT 50403, concerns the responsibilities of Great Falls Rescue Mission's utilization of the parking lots associated with Cascade City County Health Department property.

WHEREAS, the Great Falls Rescue Mission has planned a "Back to School Rally" ("Rally") to take place on Great Falls Rescue Mission property on Sunday, August 26, 2018; and

WHEREAS, the closure of 4th and 5th Streets to traffic is planned in support of the Rally; and

WHEREAS, the Cascade County owns property at 115 4th Street South, Great Falls, Montana which includes two parking areas, one designated as the Staff parking lot and the other as the North parking lot, both of which are proximally located near the Rally's planned location; and

WHEREAS, the Great Falls Rescue Mission has requested utilizing the Staff and North parking lot areas to support Rally events; and

WHEREAS, Cascade County deems it to be in the best interests of Cascade County to allow the lots to be utilized by the Great Falls Rescue Mission on Sunday, August 26, 2018, for the Rally;

NOW, THEREFORE, the parties agree as follows:

1. Great Falls Rescue Mission will:
 - A. Utilize the North parking lot area on Sunday, August 26, 2018, for volunteer parking.
 - B. Utilize the Staff parking lot area for the set up and operation of two (2) Jolly Jumpers/games for the duration of the Rally event on Sunday, August 26, 2018.
 - C. Subject to Cascade County approval, return the lots (including the larger City County Health Department property to the extent impacted) to their original condition, including cleaning any and all garbage, debris and waste, when the Rally concludes.
 - D. Provide and maintain its own insurance to cover claims by third parties and Cascade County, (including workers' compensation coverage for its own employees) for the duration of this MOU. The Great Falls Rescue Mission shall name Cascade County as an additional insured for the duration of this MOU and shall provide proof of such insurance coverage upon request.
2. Modification and Amendment- This MOU may be modified or amended, in writing, by the mutual agreement of the parties
3. Termination – This MOU may be terminated by either party with ten days advance written notice.

4. Governing Law - This agreement shall be governed by the laws of the State of Montana. Venue for any litigation will be in Cascade County. The parties will bear their own attorney fees in any dispute.
5. Relationship of the Parties - Nothing contained in this MOU shall be deemed or construed, either by the parties hereto or by any third party, to create the relationship of principal and agent or create any partnership, joint venture, employer/employee, or other association between the Great Falls Rescue Mission and County.
6. Assumption of Risk and Waiver - This MOU is expressly conditioned on the Great Falls Rescue Mission, and all agents, employees, assigns and third parties performing work under this MOU assuming the risk of injury and waiving any right of action against County for any economic or personal injury arising out of activities hereunder. This waiver shall extend to the heirs and assigns of the Great Falls Rescue Mission and all agents, employees, assigns and third parties while in the performance of activities under this MOU.

Great Falls Rescue Mission

Lynne M. Staigmill

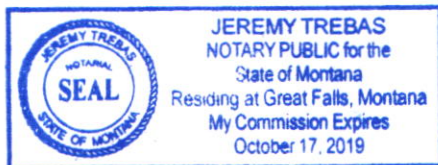
STATE OF MT)
County of Cascade) :SS

This instrument was signed or acknowledged before me on this 7th day of May 2018 by Lynne M. Staigmill.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year in this certificate first above written.

(NOTARIAL SEAL)

[Signature]
Notary Public for the State of
Residing at _____
My Commission expires: _____



Cascade County:

BOARD OF COUNTY COMMISSIONERS,
CASCADE COUNTY, MONTANA

Jane Weber, Chairman

Joe Briggs, Commissioner

James L. Larson, Commissioner

Attest

On this ____ day of _____ 2018, I hereby attest the above-written signatures of the Board of Cascade County Commissioners.

Rina Fontana Moore
Cascade County Clerk and Recorder

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY, MONTANA

**IN THE MATTER OF A BUDGET
APPROPRIATION WITHIN CASCADE COUNTY
COMMUNITY HEALTH CARE CENTER**

RESOLUTION 18-46

WHEREAS, the Community Health Care Center received revenues for Medicaid Health Improvement Program (MHIP) services in excess of budget in the amount of \$264,150, said program is now complete; and

WHEREAS, the Community Health Care Center Dental services expansion project requires additional budget authority during the ramp up stages in the amount of \$219,150; and

WHEREAS, the Community Health Care Center non-clinical staff is moving to a different location within the county with requires additional budget authority in the amount of \$45,000; and on September 5, 2017; and

WHEREAS, the excess revenue generated by the MHIP program will offset the additional costs for the Dental expansion and non-clinical staff move; and

WHEREAS, a budget amendment is necessary to increase the budget authority, which offset each other totaling \$264,150 in revenues and \$264,150 in expenditures; and

WHEREAS, pursuant to Section 7-6-4006, M.C.A. 2017, the Board of County Commissioners has the power to appropriate funds within the budget; and

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of County Commissioners of Cascade County the appropriation is to be made as detailed in Attachment A;

Dated this 22nd Day of May, 2018.

**BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA**

JANE WEBER, CHAIRMAN

JOE BRIGGS, COMMISSIONER

JAMES L. LARSON, COMMISSIONER

ATTEST:

CLERK & RECORDER/AUDITOR
mke

REQUEST FOR BUDGET APPROPRIATION

Date: 4/28/18
 To: Cascade County Board of Commissioners
 Program Name: CHCC
 CFDA #: NA
 Contract #: NA
 Responsible Department: CHCC
 Prepared by: Trista Besich

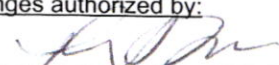
Please approve the following budget changes:

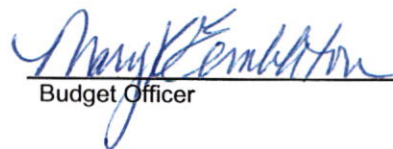
	<u>Fund</u>	<u>Dept</u>	<u>Function</u>	<u>Account</u>	<u>Budgeted Amount</u>	<u>Increase (Decrease)</u>	<u>Amended Budget</u>
<u>Expenses</u>							
Acct #	5100	- 284	- D0522	- 200.220	0	134,150	134,150
Acct #	5100	- 284	- D0522	- 200.230	0	5,000	5,000
Acct #	5100	- 284	- D0522	- 900.940	0	80,000	80,000
Acct #	5100	- 300	- D0522	- 200.220	0	15,000	15,000
Acct #	5100	- 300	- D0522	- 200.230	0	25,000	25,000
Acct #	5100	- 300	- D0522	- 300.360	0	5,000	5,000
Acct #					0		0
					0	264,150	264,150
<u>Revenues</u>							
Acct #	5100	- 523	-	- 33.1145	270,000	264,150	534,150
Acct #					0		0
					270,000	264,150	534,150

Explanation of budget changes:

Appropriate revenues received in excess of budget to offset costs of dental expansion ramp up and non-clinical staff move.

Changes authorized by:

 4/28/18
 Department Head Signature or Date
 Trista Besich
 Print Name

 5/1/18
 Budget Officer Date



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
REVENUE										
Department 262 - Behavioral Health										
33										
33.1000	Federal Grants	228,441.00	.00	228,441.00	.00	.00	244,886.75	(16,445.75)	107	57,609.80
33 - Totals		\$228,441.00	\$0.00	\$228,441.00	\$0.00	\$0.00	\$244,886.75	(\$16,445.75)	107%	\$57,609.80
34										
34.4000	Charge/Service Pub.Health	384,652.00	.00	384,652.00	.00	.00	220,256.10	164,395.90	57	253,783.24
34 - Totals		\$384,652.00	\$0.00	\$384,652.00	\$0.00	\$0.00	\$220,256.10	\$164,395.90	57%	\$253,783.24
36										
36.2000	Miscellaneous Revenues	.00	.00	.00	.00	.00	7,232.62	(7,232.62)	+++	7,347.33
36.2002	Contractual Adjustments	(96,162.00)	.00	(96,162.00)	.00	.00	(39,465.83)	(56,696.17)	41	(197,927.02)
36 - Totals		(\$96,162.00)	\$0.00	(\$96,162.00)	\$0.00	\$0.00	(\$32,233.21)	(\$63,928.79)	34%	(\$190,579.69)
Department 262 - Behavioral Health Totals										
		\$516,931.00	\$0.00	\$516,931.00	\$0.00	\$0.00	\$432,909.64	\$84,021.36	84%	\$120,813.35
Department 284 - Dental										
33										
33.1000	Federal Grants	220,340.00	.00	220,340.00	.00	.00	206,831.57	13,508.43	94	253,241.95
33 - Totals		\$220,340.00	\$0.00	\$220,340.00	\$0.00	\$0.00	\$206,831.57	\$13,508.43	94%	\$253,241.95
34										
34.4000	Charge/Service Pub.Health	470,144.00	232,739.00	702,883.00	.00	.00	274,377.00	428,506.00	39	499,912.00
34 - Totals		\$470,144.00	\$232,739.00	\$702,883.00	\$0.00	\$0.00	\$274,377.00	\$428,506.00	39%	\$499,912.00
36										
36.2000	Miscellaneous Revenues	10,000.00	21,250.00	31,250.00	(2,500.00)	.00	28,750.00	2,500.00	92	12,500.00
36.2002	Contractual Adjustments	(131,640.00)	(46,548.00)	(178,188.00)	.00	.00	(93,452.54)	(84,735.46)	52	(254,134.14)
36.2016	Misc Program Revenue	21,250.00	(21,250.00)	.00	.00	.00	.00	.00	+++	.00
36.5000	Donations	.00	.00	.00	.00	.00	133.59	(133.59)	+++	.00
36 - Totals		(\$100,390.00)	(\$46,548.00)	(\$146,938.00)	(\$2,500.00)	\$0.00	(\$64,568.95)	(\$82,369.05)	44%	(\$241,634.14)
Department 284 - Dental Totals										
		\$590,094.00	\$186,191.00	\$776,285.00	(\$2,500.00)	\$0.00	\$416,639.62	\$359,645.38	54%	\$511,519.81
Department 300 - Community Health Clinic										
33										
33.1000	Federal Grants	1,110,154.00	.00	1,110,154.00	.00	.00	823,773.11	286,380.89	74	996,602.25
33.6020	Revenue - On-behalf payment	.00	.00	.00	.00	.00	.00	.00	+++	2,638.41
33 - Totals		\$1,110,154.00	\$0.00	\$1,110,154.00	\$0.00	\$0.00	\$823,773.11	\$286,380.89	74%	\$999,240.66
34										
34.4000	Charge/Service Pub.Health	1,982,973.00	170,670.00	2,153,643.00	.00	.00	1,622,264.57	531,378.43	75	1,814,518.40
34.4063	Medical Records	2,808.00	.00	2,808.00	.00	.00	3,161.00	(353.00)	113	4,339.48
34 - Totals		\$1,985,781.00	\$170,670.00	\$2,156,451.00	\$0.00	\$0.00	\$1,625,425.57	\$531,025.43	75%	\$1,818,857.88
36										
36.2000	Miscellaneous Revenues	57,600.00	21,250.00	78,850.00	.00	.00	119,083.21	(40,233.21)	151	95,772.49
36.2002	Contractual Adjustments	(490,512.00)	(36,929.00)	(527,441.00)	.00	.00	(931,051.05)	403,610.05	177	(900,880.21)
36.2016	Misc Program Revenue	180,000.00	.00	180,000.00	.00	.00	218,746.86	(38,746.86)	122	191,530.29



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
REVENUE										
Department 300 - Community Health Clinic										
36										
36.5000	Donations	.00	.00	.00	.00	.00	8.00	(8.00)	+++	.00
36.7000	Sale of Junk or Salvage	.00	.00	.00	69.00	.00	812.39	(812.39)	+++	.00
36 - Totals		(\$252,912.00)	(\$15,679.00)	(\$268,591.00)	\$69.00	\$0.00	(\$592,400.59)	\$323,809.59	221%	(\$613,577.43)
37										
37.1010	Interest Earnings	.00	.00	.00	.00	.00	3,590.06	(3,590.06)	+++	692.94
37 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,590.06	(\$3,590.06)	+++	\$692.94
38										
38.2030	Gain/Loss-Sale of Assets	.00	.00	.00	.00	.00	2,600.00	(2,600.00)	+++	.00
38.3000	Interfund Oper. Transfer	10,752.00	.00	10,752.00	.00	.00	10,752.00	.00	100	.00
38 - Totals		\$10,752.00	\$0.00	\$10,752.00	\$0.00	\$0.00	\$13,352.00	(\$2,600.00)	124%	\$0.00
Department 300 - Community Health Clinic Totals		\$2,853,775.00	\$154,991.00	\$3,008,766.00	\$69.00	\$0.00	\$1,873,740.15	\$1,135,025.85	62%	\$2,205,214.05
Department 319 - School Based Health Center										
34										
34.4000	Charge/Service Pub.Health	.00	17,812.00	17,812.00	.00	.00	.00	17,812.00	0	.00
34 - Totals		\$0.00	\$17,812.00	\$17,812.00	\$0.00	\$0.00	\$0.00	\$17,812.00	0%	\$0.00
36										
36.2002	Contractual Adjustments	.00	(3,562.00)	(3,562.00)	.00	.00	.00	(3,562.00)	0	.00
36 - Totals		\$0.00	(\$3,562.00)	(\$3,562.00)	\$0.00	\$0.00	\$0.00	(\$3,562.00)	0%	\$0.00
Department 319 - School Based Health Center Totals		\$0.00	\$14,250.00	\$14,250.00	\$0.00	\$0.00	\$0.00	\$14,250.00	0%	\$0.00
Department 523 - Medicaid Health Improvmt										
33										
33.1145	Medicaid Payment	180,000.00	90,000.00	270,000.00 ✓	.00	.00	534,150.75	(264,150.75)	198	653,577.00
33 - Totals		\$180,000.00	\$90,000.00	\$270,000.00	\$0.00	\$0.00	\$534,150.75	(\$264,150.75)	198%	\$653,577.00
38										
38.3000	Interfund Oper. Transfer	1,536.00	.00	1,536.00	.00	.00	1,536.00	.00	100	.00
38 - Totals		\$1,536.00	\$0.00	\$1,536.00	\$0.00	\$0.00	\$1,536.00	\$0.00	100%	\$0.00
Department 523 - Medicaid Health Improvmt Totals		\$181,536.00	\$90,000.00	\$271,536.00	\$0.00	\$0.00	\$535,686.75	(\$264,150.75)	197%	\$653,577.00
Department 545 - Health Center Grant #1										
33										
33.1000	Federal Grants	.00	101,410.00	101,410.00	.00	.00	17,994.90	83,415.10	18	187,500.00
33 - Totals		\$0.00	\$101,410.00	\$101,410.00	\$0.00	\$0.00	\$17,994.90	\$83,415.10	18%	\$187,500.00
Department 545 - Health Center Grant #1 Totals		\$0.00	\$101,410.00	\$101,410.00	\$0.00	\$0.00	\$17,994.90	\$83,415.10	18%	\$187,500.00
Department 546 - Health Center Grant #2										
36										
36.2000	Miscellaneous Revenues	.00	.00	.00	.00	.00	.00	.00	+++	35,000.00
36 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$35,000.00
Department 546 - Health Center Grant #2 Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$35,000.00



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
REVENUE										
Department 547 - Health Center Grant #3										
33										
33.1000	Federal Grants	.00	92,605.00	92,605.00	.00	.00	34,168.93	58,436.07	37	53,788.00
	33 - Totals	\$0.00	\$92,605.00	\$92,605.00	\$0.00	\$0.00	\$34,168.93	\$58,436.07	37%	\$53,788.00
Department 547 - Health Center Grant #3 Totals										
		\$0.00	\$92,605.00	\$92,605.00	\$0.00	\$0.00	\$34,168.93	\$58,436.07	37%	\$53,788.00
Department 548 - Health Center Grant #4										
33										
33.1000	Federal Grants	.00	39,414.00	39,414.00	.00	.00	.00	39,414.00	0	7,500.00
	33 - Totals	\$0.00	\$39,414.00	\$39,414.00	\$0.00	\$0.00	\$0.00	\$39,414.00	0%	\$7,500.00
Department 548 - Health Center Grant #4 Totals										
		\$0.00	\$39,414.00	\$39,414.00	\$0.00	\$0.00	\$0.00	\$39,414.00	0%	\$7,500.00
Department 549 - Health Center Grant #5										
33										
33.1000	Federal Grants	.00	.00	.00	.00	.00	.00	.00	+++	59,679.98
	33 - Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$59,679.98
Department 549 - Health Center Grant #5 Totals										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$59,679.98
	REVENUE TOTALS	\$4,142,336.00	\$678,861.00	\$4,821,197.00	(\$2,431.00)	\$0.00	\$3,311,139.99	\$1,510,057.01	69%	\$3,834,592.19
EXPENSE										
Department 262 - Behavioral Health										
Function D0520 - Community Health Clinic										
100										
100.110	Salaries & Wages	326,137.00	.00	326,137.00	9,706.93	.00	199,799.05	126,337.95	61	40,843.01
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	234.73
100.140	Employer Contributions	93,691.00	.00	93,691.00	2,414.15	.00	52,646.80	41,044.20	56	16,296.89
100.146	Union Pensions	250.00	.00	250.00	.00	.00	127.57	122.43	51	235.17
	100 - Totals	\$420,078.00	\$0.00	\$420,078.00	\$12,121.08	\$0.00	\$252,573.42	\$167,504.58	60%	\$57,609.80
Function D0520 - Community Health Clinic Totals										
		\$420,078.00	\$0.00	\$420,078.00	\$12,121.08	\$0.00	\$252,573.42	\$167,504.58	60%	\$57,609.80
Function D0521 - Health Center Program										
100										
100.110	Salaries & Wages	81,535.00	.00	81,535.00	2,546.17	.00	50,069.13	31,465.87	61	37,894.64
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	58.68
100.140	Employer Contributions	23,424.00	.00	23,424.00	624.25	.00	13,182.59	10,241.41	56	11,701.76
100.146	Union Pensions	63.00	.00	63.00	.00	.00	31.90	31.10	51	82.80
	100 - Totals	\$105,022.00	\$0.00	\$105,022.00	\$3,170.42	\$0.00	\$63,283.62	\$41,738.38	60%	\$49,737.88
200										
200.210	Office Supplies	900.00	.00	900.00	9.34	.00	292.13	607.87	32	531.83
200.215	IT Supplies	180.00	.00	180.00	256.49	28.42	332.48	(180.90)	200	442.05
200.220	Operating Supplies	3,780.00	.00	3,780.00	116.84	65.60	820.20	2,894.20	23	995.89
200.221	Chem Lab & Med Supplies	300.00	.00	300.00	.00	.00	.00	300.00	0	4.83
200.230	Repair & Maint. Supplies	1,200.00	.00	1,200.00	191.09	18.90	937.60	243.50	80	845.98



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 262 - Behavioral Health										
Function D0521 - Health Center Program										
200	Totals	\$6,360.00	\$0.00	\$6,360.00	\$573.76	\$112.92	\$2,382.41	\$3,864.67	39%	\$2,820.58
300										
300.311	Postage	4,020.00	.00	4,020.00	.51	.00	2,777.56	1,242.44	69	4,285.43
300.313	Shipping	50.00	.00	50.00	.00	.00	7.25	42.75	14	115.68
300.320	Printing & Typing	2,192.00	.00	2,192.00	.00	.00	601.22	1,590.78	27	585.23
300.330	Publicity, Subscrip.&Dues	5,680.00	.00	5,680.00	778.75	.00	6,694.50	(1,014.50)	118	944.75
300.341	Electric	1,560.00	.00	1,560.00	98.23	.00	1,203.90	356.10	77	2,205.05
300.342	Water & Sewer	240.00	.00	240.00	29.32	.00	243.36	(3.36)	101	327.69
300.343	Telephone	780.00	.00	780.00	93.98	.00	645.86	134.14	83	817.16
300.344	Heating Fuel	240.00	.00	240.00	43.96	.00	184.88	55.12	77	313.89
300.348	Cell Phone Costs	.00	.00	.00	17.68	.00	35.36	(35.36)	+++	.00
300.350	Professional Services	26,717.00	.00	26,717.00	823.27	.00	21,074.64	5,642.36	79	21,451.39
300.352	Other Professional Serv.	5,800.00	.00	5,800.00	.00	.00	375.00	5,425.00	6	.00
300.360	Repair & Maint. Services	1,500.00	.00	1,500.00	4.50	.00	37.31	1,462.69	2	903.66
300.361	Building Repairs	720.00	.00	720.00	19.28	.00	274.25	445.75	38	360.04
300.370	Travel	6,000.00	.00	6,000.00	719.32	.00	2,076.28	3,923.72	35	1,674.51
300.374	Mileage County Vehicles	360.00	.00	360.00	.00	.00	.00	360.00	0	.00
300.380	Training Services	2,000.00	.00	2,000.00	.00	.00	2,859.92	(859.92)	143	835.82
300.390	Other Purchased Services	800.00	.00	800.00	.00	.00	120.28	679.72	15	77.50
300	Totals	\$58,659.00	\$0.00	\$58,659.00	\$2,628.80	\$0.00	\$39,211.57	\$19,447.43	67%	\$34,897.80
800										
800.810	Losses	14,400.00	.00	14,400.00	.00	.00	(6,068.58)	20,468.58	-42	(2,057.83)
800	Totals	\$14,400.00	\$0.00	\$14,400.00	\$0.00	\$0.00	(\$6,068.58)	\$20,468.58	-42%	(\$2,057.83)
Function D0521 - Health Center Program Totals		\$184,441.00	\$0.00	\$184,441.00	\$6,372.98	\$112.92	\$98,809.02	\$85,519.06	54%	\$85,398.43
Department 262 - Behavioral Health Totals		\$604,519.00	\$0.00	\$604,519.00	\$18,494.06	\$112.92	\$351,382.44	\$253,023.64	58%	\$143,008.23
Function D0520 - Community Health Clinic										
100										
100.135	Compensated Absence Expense	.00	.00	.00	.00	.00	.00	.00	+++	(5,014.12)
100	Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$5,014.12)
Function D0520 - Community Health Clinic Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$5,014.12)
Department 280 - Comm Health Clinic- Old Dept Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$5,014.12)
Department 284 - Dental										
Function D0520 - Community Health Clinic										
100										
100.110	Salaries & Wages	240,415.00	.00	240,415.00	9,928.67	.00	158,574.50	81,840.50	66	188,924.15
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	1,194.90



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 284 - Dental										
Function D0520 - Community Health Clinic										
100										
100.140	Employer Contributions	72,735.00	.00	72,735.00	2,925.49	.00	45,461.98	27,273.02	63	62,873.30
100.146	Union Pensions	250.00	.00	250.00	9.60	.00	201.60	48.40	81	249.60
100 - Totals		\$313,400.00	\$0.00	\$313,400.00	\$12,863.76	\$0.00	\$204,238.08	\$109,161.92	65%	\$253,241.95
Function D0520 - Community Health Clinic Totals										
		\$313,400.00	\$0.00	\$313,400.00	\$12,863.76	\$0.00	\$204,238.08	\$109,161.92	65%	\$253,241.95
Function D0521 - Health Center Program										
100										
100.110	Salaries & Wages	60,105.00	62,630.00	122,735.00	2,842.77	.00	41,176.17	81,558.83	34	85,242.51
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	298.73
100.140	Employer Contributions	18,184.00	15,657.00	33,841.00	832.20	.00	11,632.65	22,208.35	34	15,718.24
100.146	Union Pensions	63.00	.00	63.00	2.40	.00	50.40	12.60	80	62.40
100 - Totals		\$78,352.00	\$78,287.00	\$156,639.00	\$3,677.37	\$0.00	\$52,859.22	\$103,779.78	34%	\$101,321.88
200										
200.210	Office Supplies	1,080.00	300.00	1,380.00	.00	.00	389.59	990.41	28	675.91
200.215	IT Supplies	1,580.00	100.00	1,680.00	256.49	28.41	432.49	1,219.10	27	654.81
200.220	Operating Supplies	1,260.00	75,177.00	76,437.00	456.14	1,015.60	9,479.25	65,942.15	14	2,251.05
200.221	Chem Lab & Med Supplies	27,600.00	4,469.00	32,069.00	4,683.99	151.46	26,818.07	5,099.47	84	23,525.92
200.230	Repair & Maint. Supplies	4,100.00	1,125.00	5,225.00	100.95	18.90	1,717.37	3,488.73	33	939.22
200 - Totals		\$35,620.00	\$81,171.00	\$116,791.00	\$5,497.57	\$1,214.37	\$38,836.77	\$76,739.86	34%	\$28,046.91
300										
300.311	Postage	4,260.00	300.00	4,560.00	100.02	.00	2,970.63	1,589.37	65	3,972.77
300.313	Shipping	240.00	180.00	420.00	32.93	244.52	222.93	(47.45)	111	293.26
300.320	Printing & Typing	1,799.00	319.00	2,118.00	.00	.00	906.36	1,211.64	43	801.39
300.330	Publicity, Subscrip.&Dues	6,260.00	250.00	6,510.00	628.75	.00	4,276.45	2,233.55	66	2,617.25
300.341	Electric	1,440.00	126.00	1,566.00	88.42	.00	1,083.67	482.33	69	1,504.91
300.342	Water & Sewer	1,080.00	126.00	1,206.00	26.39	.00	219.07	986.93	18	804.53
300.343	Telephone	1,044.00	99.00	1,143.00	103.87	.00	954.76	188.24	84	1,059.38
300.344	Heating Fuel	120.00	90.00	210.00	39.57	.00	166.41	43.59	79	178.94
300.350	Professional Services	6,624.00	1,992.00	8,616.00	(323.64)	.00	7,045.16	1,570.84	82	27,044.21
300.352	Other Professional Serv.	800.00	.00	800.00	350.00	.00	775.00	25.00	97	875.00
300.360	Repair & Maint. Services	2,000.00	300.00	2,300.00	160.62	.00	1,846.17	453.83	80	1,185.96
300.361	Building Repairs	360.00	.00	360.00	17.36	.00	246.85	113.15	69	287.25
300.363	Maintenance Contracts	4,700.00	200.00	4,900.00	75.00	.00	4,185.00	715.00	85	4,615.00
300.370	Travel	7,500.00	(4,133.00)	3,367.00	48.47	.00	48.47	3,318.53	1	2,388.42
300.374	Mileage County Vehicles	360.00	33.00	393.00	208.49	.00	220.93	172.07	56	217.53
300.380	Training Services	2,400.00	(600.00)	1,800.00	.00	.00	939.00	861.00	52	869.81
300.390	Other Purchased Services	600.00	.00	600.00	.00	.00	16.45	583.55	3	77.50



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 284 - Dental										
Function D0521 - Health Center Program										
300										
300.398	Laboratory Services	299.00	.00	299.00	.00	.00	.00	299.00	0	.00
300 - Totals		\$41,886.00	(\$718.00)	\$41,168.00	\$1,556.25	\$244.52	\$26,123.31	\$14,800.17	64%	\$48,793.11
500										
500.530	Rental	.00	6,146.00	6,146.00	5,585.20	.00	5,585.20	560.80	91	.00
500 - Totals		\$0.00	\$6,146.00	\$6,146.00	\$5,585.20	\$0.00	\$5,585.20	\$560.80	91%	\$0.00
800										
800.810	Losses	14,400.00	1,505.00	15,905.00	.00	.00	(5,233.13)	21,138.13	-33	(2,066.71)
800.830	Depreciation/Retained Ear	.00	800.00	800.00	.00	.00	.00	800.00	0	.00
800 - Totals		\$14,400.00	\$2,305.00	\$16,705.00	\$0.00	\$0.00	(\$5,233.13)	\$21,938.13	-31%	(\$2,066.71)
900										
900.940	Machinery & Equipment	21,250.00	19,000.00	40,250.00	.00	26,231.00	.00	14,019.00	65	.00
900 - Totals		\$21,250.00	\$19,000.00	\$40,250.00	\$0.00	\$26,231.00	\$0.00	\$14,019.00	65%	\$0.00
Function D0521 - Health Center Program Totals		\$191,508.00	\$186,191.00	\$377,699.00	\$16,316.39	\$27,689.89	\$118,171.37	\$231,837.74	39%	\$176,095.19
Department 284 - Dental Totals		\$504,908.00	\$186,191.00	\$691,099.00	\$29,180.15	\$27,689.89	\$322,409.45	\$340,999.66	51%	\$429,337.14
Department 300 - Community Health Clinic										
Function D0520 - Community Health Clinic										
100										
100.110	Salaries & Wages	1,020,178.00	.00	1,020,178.00	38,744.50	.00	736,002.72	284,175.28	72	728,580.38
100.120	Overtime	.00	.00	.00	150.30	.00	998.58	(998.58)	+++	924.70
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	17,884.69
100.140	Employer Contributions	289,962.00	.00	289,962.00	11,024.07	.00	198,977.17	90,984.83	69	247,320.08
100.146	Union Pensions	1,997.00	.00	1,997.00	78.97	.00	1,590.81	406.19	80	1,892.40
100.147	Pension Expense- GASB	.00	.00	.00	.00	.00	.00	.00	+++	269,854.80
100 - Totals		\$1,312,137.00	\$0.00	\$1,312,137.00	\$49,997.84	\$0.00	\$937,569.28	\$374,567.72	71%	\$1,266,457.05
Function D0520 - Community Health Clinic Totals		\$1,312,137.00	\$0.00	\$1,312,137.00	\$49,997.84	\$0.00	\$937,569.28	\$374,567.72	71%	\$1,266,457.05
Function D0521 - Health Center Program										
100										
100.110	Salaries & Wages	560,993.00	55,578.00	616,571.00	13,275.22	.00	335,776.27	280,794.73	54	561,805.58
100.120	Overtime	.00	.00	.00	37.58	.00	249.66	(249.66)	+++	159.16
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	4,471.17
100.140	Employer Contributions	156,473.00	11,392.00	167,865.00	3,544.01	.00	85,426.20	82,438.80	51	113,336.74
100.146	Union Pensions	500.00	.00	500.00	16.82	.00	389.43	110.57	78	483.74
100 - Totals		\$717,966.00	\$66,970.00	\$784,936.00	\$16,873.63	\$0.00	\$421,841.56	\$363,094.44	54%	\$680,256.39
200										
200.210	Office Supplies	9,780.00	400.00	10,180.00	376.59	4.67	3,605.64	6,569.69	35	9,367.31
200.215	IT Supplies	20,878.00	3,800.00	24,678.00	256.49	(3,364.22)	18,336.65	9,705.57	61	13,555.33



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 300 - Community Health Clinic										
Function D0521 - Health Center Program										
200										
200.220	Operating Supplies	9,480.00	15,530.00	25,010.00	5,089.85	11,179.46	21,168.01	(7,337.47)	129	20,480.64
200.221	Chem Lab & Med Supplies	163,905.00	958.00	164,863.00	17,227.07	8,427.75	138,796.60	17,638.65	89	157,516.25
200.230	Repair & Maint. Supplies	3,600.00	2,500.00	6,100.00	201.90	37.81	3,661.88	2,400.31	61	3,846.88
200 - Totals		\$207,643.00	\$23,188.00	\$230,831.00	\$23,151.90	\$16,285.47	\$185,568.78	\$28,976.75	87%	\$204,766.41
300										
300.311	Postage	9,840.00	400.00	10,240.00	1,534.24	.00	8,357.71	1,882.29	82	8,880.70
300.313	Shipping	240.00	240.00	480.00	206.76	90.52	510.57	(121.09)	125	452.35
300.320	Printing & Typing	8,508.00	637.00	9,145.00	51.90	.00	4,328.48	4,816.52	47	1,994.24
300.330	Publicity, Subscrip.&Dues	21,320.00	500.00	21,820.00	2,602.50	.00	10,403.00	11,417.00	48	18,348.57
300.341	Electric	13,200.00	168.00	13,368.00	581.78	.00	7,130.39	6,237.61	53	13,145.78
300.342	Water & Sewer	1,980.00	168.00	2,148.00	173.63	.00	1,441.24	706.76	67	1,939.90
300.343	Telephone	5,220.00	132.00	5,352.00	268.56	.00	4,057.29	1,294.71	76	5,854.39
300.344	Heating Fuel	1,680.00	120.00	1,800.00	260.38	.00	1,095.03	704.97	61	1,858.63
300.348	Cell Phone Costs	792.00	.00	792.00	154.89	.00	616.05	175.95	78	516.38
300.350	Professional Services	126,954.00	38,620.00	165,574.00	4,596.14	.00	104,336.14	61,237.86	63	151,521.43
300.352	Other Professional Serv.	15,200.00	6,250.00	21,450.00	4,600.00	400.00	17,095.50	3,954.50	82	599.33
300.353	Accounting & Auditing	300.00	717.00	1,017.00	.00	.00	370.00	647.00	36	.00
300.354	Coordinator	5,000.00	.00	5,000.00	.00	.00	139.33	4,860.67	3	.00
300.360	Repair & Maint. Services	6,000.00	80.00	6,080.00	9.00	90.00	1,412.62	4,577.38	25	4,113.60
300.361	Building Repairs	3,300.00	.00	3,300.00	114.23	.00	1,624.50	1,675.50	49	2,142.53
300.363	Maintenance Contracts	1,068.00	67.00	1,135.00	.00	.00	191.01	943.99	17	1,448.75
300.370	Travel	36,800.00	(3,333.00)	33,467.00	3,380.42	.00	31,755.24	1,711.76	95	28,001.67
300.374	Mileage County Vehicles	3,600.00	67.00	3,667.00	697.21	.00	3,047.06	619.94	83	3,703.61
300.380	Training Services	13,200.00	1,667.00	14,867.00	2,682.95	.00	14,597.19	269.81	98	30,165.18
300.390	Other Purchased Services	7,128.00	.00	7,128.00	867.77	550.00	8,528.83	(1,950.83)	127	9,963.96
300.398	Laboratory Services	24,000.00	(8,667.00)	15,333.00	325.65	.00	8,292.09	7,040.91	54	10,521.80
300 - Totals		\$305,330.00	\$37,833.00	\$343,163.00	\$23,108.01	\$1,130.52	\$229,329.27	\$112,703.21	67%	\$295,172.80
500										
500.510	Insurance	12,500.00	(2,000.00)	10,500.00	.00	.00	10,275.00	225.00	98	11,472.03
500.530	Rental	720.00	.00	720.00	.00	.00	.00	720.00	0	16.81
500.550	Bank Service Charges	10,800.00	.00	10,800.00	.00	.00	6,991.30	3,808.70	65	10,815.38
500.590	Other Fixed Charges	.00	.00	.00	.00	.00	.00	.00	+++	22.01
500.592	City Assessments	3,200.00	.00	3,200.00	.00	.00	.00	3,200.00	0	.00
500 - Totals		\$27,220.00	(\$2,000.00)	\$25,220.00	\$0.00	\$0.00	\$17,266.30	\$7,953.70	68%	\$22,326.23
800										
800.810	Losses	36,000.00	12,000.00	48,000.00	.00	.00	(36,882.36)	84,882.36	-77	8,208.67



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 300 - Community Health Clinic										
Function D0521 - Health Center Program										
900										
	800 - Totals	\$36,000.00	\$12,000.00	\$48,000.00	\$0.00	\$0.00	(\$36,882.36)	\$84,882.36	-77%	\$8,208.67
900.940	Machinery & Equipment	20,000.00	17,000.00	37,000.00	.00	.00	.00	37,000.00	0	.00
	900 - Totals	\$20,000.00	\$17,000.00	\$37,000.00	\$0.00	\$0.00	\$0.00	\$37,000.00	0%	\$0.00
	Function D0521 - Health Center Program Totals	\$1,314,159.00	\$154,991.00	\$1,469,150.00	\$63,133.54	\$17,415.99	\$817,123.55	\$634,610.46	57%	\$1,210,730.50
Function D0522 - Health Center Non-Program										
300										
300.350	Professional Services	10,000.00	.00	10,000.00	.00	.00	4,720.17	5,279.83	47	6,226.33
	300 - Totals	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$4,720.17	\$5,279.83	47%	\$6,226.33
	Function D0522 - Health Center Non-Program Totals	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$4,720.17	\$5,279.83	47%	\$6,226.33
Function K0400 - Depreciation										
800										
800.830	Depreciation/Retained Ear	.00	.00	.00	.00	.00	.00	.00	+++	5,301.07
	800 - Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$5,301.07
	Function K0400 - Depreciation Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$5,301.07
	Department 300 - Community Health Clinic Totals	\$2,636,296.00	\$154,991.00	\$2,791,287.00	\$113,131.38	\$17,415.99	\$1,759,413.00	\$1,014,458.01	64%	\$2,488,714.95
Department 319 - School Based Health Center										
Function D0521 - Health Center Program										
100										
100.110	Salaries & Wages	.00	2,704.00	2,704.00	.00	.00	.00	2,704.00	0	.00
100.140	Employer Contributions	.00	676.00	676.00	.00	.00	5.85	670.15	1	.00
	100 - Totals	\$0.00	\$3,380.00	\$3,380.00	\$0.00	\$0.00	\$5.85	\$3,374.15	0%	\$0.00
200										
200.210	Office Supplies	.00	.00	.00	170.02	.00	170.02	(170.02)	+++	.00
200.215	IT Supplies	.00	.00	.00	256.49	.00	256.49	(256.49)	+++	.00
200.220	Operating Supplies	.00	8,604.00	8,604.00	2,704.59	.00	2,704.59	5,899.41	31	.00
200.221	Chem Lab & Med Supplies	.00	953.00	953.00	563.29	.00	563.29	389.71	59	.00
	200 - Totals	\$0.00	\$9,557.00	\$9,557.00	\$3,694.39	\$0.00	\$3,694.39	\$5,862.61	39%	\$0.00
300										
300.313	Shipping	.00	.00	.00	14.25	.00	14.25	(14.25)	+++	.00
300.331	Advertising	.00	200.00	200.00	.00	.00	.00	200.00	0	.00
300.343	Telephone	.00	463.00	463.00	251.56	.00	251.56	211.44	54	.00
300.348	Cell Phone Costs	.00	.00	.00	97.20	.00	97.20	(97.20)	+++	.00
300.350	Professional Services	.00	420.00	420.00	.00	.00	.00	420.00	0	.00
300.353	Accounting & Auditing	.00	88.00	88.00	.00	.00	.00	88.00	0	.00
	300 - Totals	\$0.00	\$1,171.00	\$1,171.00	\$363.01	\$0.00	\$363.01	\$807.99	31%	\$0.00



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 319 - School Based Health Center										
Function D0521 - Health Center Program										
800										
800.810	Losses	.00	142.00	142.00	.00	.00	.00	142.00	0	.00
800 - Totals		\$0.00	\$142.00	\$142.00	\$0.00	\$0.00	\$0.00	\$142.00	0%	\$0.00
Function D0521 - Health Center Program Totals		\$0.00	\$14,250.00	\$14,250.00	\$4,057.40	\$0.00	\$4,063.25	\$10,186.75	29%	\$0.00
Department 319 - School Based Health Center Totals		\$0.00	\$14,250.00	\$14,250.00	\$4,057.40	\$0.00	\$4,063.25	\$10,186.75	29%	\$0.00
Department 523 - Medicaid Health Improvmnt										
Function D0100 - Public Health - Federal Funds										
100										
100.110	Salaries & Wages	204,236.00	.00	204,236.00	1,600.58	.00	84,498.52	119,737.48	41	139,596.47
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	304.26
100.140	Employer Contributions	81,907.00	.00	81,907.00	915.72	.00	34,526.73	47,380.27	42	55,892.91
100.146	Union Pensions	312.00	.00	312.00	11.33	.00	248.82	63.18	80	207.31
100 - Totals		\$286,455.00	\$0.00	\$286,455.00	\$2,527.63	\$0.00	\$119,274.07	\$167,180.93	42%	\$196,000.95
200										
200.210	Office Supplies	720.00	.00	720.00	.00	.00	279.85	440.15	39	1,027.94
200.215	IT Supplies	300.00	.00	300.00	.00	(92.00)	.00	392.00	-31	.00
200.220	Operating Supplies	2,252.00	15,000.00	17,252.00	.00	.00	1,030.53	16,221.47	6	2,096.59
200.230	Repair & Maint. Supplies	.00	.00	.00	.00	.00	130.00	(130.00)	+++	.00
200 - Totals		\$3,272.00	\$15,000.00	\$18,272.00	\$0.00	(\$92.00)	\$1,440.38	\$16,923.62	7%	\$3,124.53
300										
300.311	Postage	570.00	12,000.00	12,570.00	2.04	.00	2,570.07	9,999.93	20	1,099.41
300.320	Printing & Typing	1,352.00	.00	1,352.00	.00	.00	216.19	1,135.81	16	744.36
300.330	Publicity, Subscrip.&Dues	500.00	.00	500.00	.00	.00	.00	500.00	0	2,790.00
300.343	Telephone	720.00	.00	720.00	129.72	.00	661.17	58.83	92	1,553.30
300.348	Cell Phone Costs	900.00	.00	900.00	88.61	.00	933.32	(33.32)	104	1,364.37
300.350	Professional Services	4,692.00	25,000.00	29,692.00	782.00	.00	7,820.00	21,872.00	26	9,736.85
300.352	Other Professional Serv.	.00	10,000.00	10,000.00	.00	.00	.00	10,000.00	0	224.59
300.360	Repair & Maint. Services	.00	.00	.00	.00	.00	90.00	(90.00)	+++	.00
300.363	Maintenance Contracts	810.00	28,000.00	28,810.00	118.20	.00	2,163.90	26,646.10	8	2,294.75
300.370	Travel	5,400.00	.00	5,400.00	36.52	.00	658.46	4,741.54	12	2,447.41
300.374	Mileage County Vehicles	.00	.00	.00	.00	.00	.00	.00	+++	306.07
300.380	Training Services	1,200.00	.00	1,200.00	.00	.00	.00	1,200.00	0	.00
300 - Totals		\$16,144.00	\$75,000.00	\$91,144.00	\$1,157.09	\$0.00	\$15,113.11	\$76,030.89	17%	\$22,561.11
500										
500.530	Rental	10,200.00	.00	10,200.00	.00	.00	10,200.00	.00	100	10,200.00
500 - Totals		\$10,200.00	\$0.00	\$10,200.00	\$0.00	\$0.00	\$10,200.00	\$0.00	100%	\$10,200.00
Function D0100 - Public Health - Federal Funds Totals		\$316,071.00	\$90,000.00	\$406,071.00	\$3,684.72	(\$92.00)	\$146,027.56	\$260,135.44	36%	\$231,886.59



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 523 - Medicaid Health Improvmt Totals		\$316,071.00	\$90,000.00	\$406,071.00	\$3,684.72	(\$92.00)	\$146,027.56	\$260,135.44	36%	\$231,886.59
Department 545 - Health Center Grant #1										
Function D0520 - Community Health Clinic										
100										
100.110	Salaries & Wages	.00	43,000.00	43,000.00	733.79	.00	5,903.04	37,096.96	14	117,927.35
100.130	Termination Pay	.00	.00	.00	.00	.00	.00	.00	+++	1,156.04
100.140	Employer Contributions	.00	4,700.00	4,700.00	127.00	.00	741.38	3,958.62	16	33,553.37
100.146	Union Pensions	.00	.00	.00	.00	.00	.00	.00	+++	101.33
100 - Totals		\$0.00	\$47,700.00	\$47,700.00	\$860.79	\$0.00	\$6,644.42	\$41,055.58	14%	\$152,738.09
200										
200.210	Office Supplies	.00	1,500.00	1,500.00	.00	.00	.00	1,500.00	0	39.39
200.215	IT Supplies	.00	4,000.00	4,000.00	4,029.87	.00	4,029.87	(29.87)	101	279.15
200.220	Operating Supplies	.00	1,000.00	1,000.00	.00	.00	.00	1,000.00	0	40.90
200.230	Repair & Maint. Supplies	.00	1,210.00	1,210.00	.00	.00	.00	1,210.00	0	115.98
200 - Totals		\$0.00	\$7,710.00	\$7,710.00	\$4,029.87	\$0.00	\$4,029.87	\$3,680.13	52%	\$475.42
300										
300.313	Shipping	.00	.00	.00	.00	.00	.00	.00	+++	7.34
300.320	Printing & Typing	.00	1,000.00	1,000.00	.00	.00	.00	1,000.00	0	284.28
300.330	Publicity, Subscrip.&Dues	.00	1,500.00	1,500.00	.00	.00	.00	1,500.00	0	3,911.00
300.350	Professional Services	.00	26,000.00	26,000.00	.00	.00	10,000.00	16,000.00	38	10,683.00
300.360	Repair & Maint. Services	.00	.00	.00	.00	.00	.00	.00	+++	60.00
300.370	Travel	.00	2,500.00	2,500.00	1,106.54	.00	3,237.03	(737.03)	129	6,409.92
300.380	Training Services	.00	15,000.00	15,000.00	.00	.00	3,928.56	11,071.44	26	12,930.95
300 - Totals		\$0.00	\$46,000.00	\$46,000.00	\$1,106.54	\$0.00	\$17,165.59	\$28,834.41	37%	\$34,286.49
Function D0520 - Community Health Clinic Totals		\$0.00	\$101,410.00	\$101,410.00	\$5,997.20	\$0.00	\$27,839.88	\$73,570.12	27%	\$187,500.00
Department 545 - Health Center Grant #1 Totals		\$0.00	\$101,410.00	\$101,410.00	\$5,997.20	\$0.00	\$27,839.88	\$73,570.12	27%	\$187,500.00
Function D0522 - Health Center Non-Program										
100										
100.110	Salaries & Wages	.00	.00	.00	.00	.00	.00	.00	+++	11,810.53
100.140	Employer Contributions	.00	.00	.00	.00	.00	.00	.00	+++	2,014.17
100 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$13,824.70
300										
300.380	Training Services	.00	.00	.00	.00	.00	.00	.00	+++	10,367.64
300 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$10,367.64
Function D0522 - Health Center Non-Program Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$24,192.34
Department 546 - Health Center Grant #2 Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$24,192.34



Budget Performance Report

Fiscal Year to Date 04/28/18

Include Rollup Account and Rollup to Object

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 5100 - Community Health Clinic										
EXPENSE										
Department 547 - Health Center Grant #3										
Function D0520 - Community Health Clinic										
200										
200.210	Office Supplies	.00	605.00	605.00	.00	.00	.00	605.00	0	.00
200.215	IT Supplies	.00	.00	.00	.00	.00	2,957.33	(2,957.33)	+++	.00
200.220	Operating Supplies	.00	7,000.00	7,000.00	.00	.00	3,810.00	3,190.00	54	.00
200 - Totals		\$0.00	\$7,605.00	\$7,605.00	\$0.00	\$0.00	\$6,767.33	\$837.67	89%	\$0.00
300										
300.333	Software Licenses	.00	1,697.00	1,697.00	.00	.00	1,696.60	.40	100	.00
300.350	Professional Services	.00	47,303.00	47,303.00	.00	.00	16,330.00	30,973.00	35	53,788.00
300.370	Travel	.00	15,000.00	15,000.00	.00	.00	2,011.99	12,988.01	13	.00
300.374	Mileage County Vehicles	.00	1,000.00	1,000.00	.00	.00	.00	1,000.00	0	.00
300.380	Training Services	.00	20,000.00	20,000.00	.00	.00	7,875.00	12,125.00	39	.00
300 - Totals		\$0.00	\$85,000.00	\$85,000.00	\$0.00	\$0.00	\$27,913.59	\$57,086.41	33%	\$53,788.00
Function D0520 - Community Health Clinic Totals		\$0.00	\$92,605.00	\$92,605.00	\$0.00	\$0.00	\$34,680.92	\$57,924.08	37%	\$53,788.00
Department 547 - Health Center Grant #3 Totals		\$0.00	\$92,605.00	\$92,605.00	\$0.00	\$0.00	\$34,680.92	\$57,924.08	37%	\$53,788.00
Department 548 - Health Center Grant #4										
Function D0520 - Community Health Clinic										
200										
200.215	IT Supplies	.00	8,914.00	8,914.00	8,059.74	.00	8,059.74	854.26	90	.00
200 - Totals		\$0.00	\$8,914.00	\$8,914.00	\$8,059.74	\$0.00	\$8,059.74	\$854.26	90%	\$0.00
300										
300.350	Professional Services	.00	19,800.00	19,800.00	.00	.00	.00	19,800.00	0	4,000.00
300.370	Travel	.00	6,600.00	6,600.00	.00	.00	.00	6,600.00	0	.00
300.380	Training Services	.00	4,100.00	4,100.00	.00	.00	.00	4,100.00	0	3,500.00
300 - Totals		\$0.00	\$30,500.00	\$30,500.00	\$0.00	\$0.00	\$0.00	\$30,500.00	0%	\$7,500.00
Function D0520 - Community Health Clinic Totals		\$0.00	\$39,414.00	\$39,414.00	\$8,059.74	\$0.00	\$8,059.74	\$31,354.26	20%	\$7,500.00
Department 548 - Health Center Grant #4 Totals		\$0.00	\$39,414.00	\$39,414.00	\$8,059.74	\$0.00	\$8,059.74	\$31,354.26	20%	\$7,500.00
Department 549 - Health Center Grant #5										
Function D0520 - Community Health Clinic										
100										
100.110	Salaries & Wages	.00	.00	.00	.00	.00	.00	.00	+++	40,908.37
100.140	Employer Contributions	.00	.00	.00	.00	.00	.00	.00	+++	9,036.89
100 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$49,945.26
200										
200.230	Repair & Maint. Supplies	.00	.00	.00	.00	.00	.00	.00	+++	115.98
200 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$115.98
300										
300.320	Printing & Typing	.00	.00	.00	.00	.00	.00	.00	+++	15.75



Budget Performance Report

Fiscal Year to Date 04/28/18

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Fund 5100 - Community Health Clinic										
EXPENSE										
Department 549 - Health Center Grant #5										
Function D0520 - Community Health Clinic										
300										
300.330	Publicity, Subscrip.&Dues	.00	.00	.00	.00	.00	.00	.00	+++	5.00
300.350	Professional Services	.00	.00	.00	.00	.00	.00	.00	+++	7,222.50
300.360	Repair & Maint. Services	.00	.00	.00	.00	.00	.00	.00	+++	60.00
300.370	Travel	.00	.00	.00	.00	.00	.00	.00	+++	869.54
300.380	Training Services	.00	.00	.00	.00	.00	.00	.00	+++	1,445.95
300 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$9,618.74
Function D0520 - Community Health Clinic Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$59,679.98
Department 549 - Health Center Grant #5 Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$59,679.98
EXPENSE TOTALS		\$4,061,794.00	\$678,861.00	\$4,740,655.00	\$182,604.65	\$45,126.80	\$2,653,876.24	\$2,041,651.96	57%	\$3,620,593.11
Fund 5100 - Community Health Clinic Totals										
REVENUE TOTALS		4,142,336.00	678,861.00	4,821,197.00	(2,431.00)	.00	3,311,139.99	1,510,057.01	69%	3,834,592.19
EXPENSE TOTALS		4,061,794.00	678,861.00	4,740,655.00	182,604.65	45,126.80	2,653,876.24	2,041,651.96	57%	3,620,593.11
Fund 5100 - Community Health Clinic Totals		\$80,542.00	\$0.00	\$80,542.00	(\$185,035.65)	(\$45,126.80)	\$657,263.75	(\$531,594.95)		\$213,999.08
Grand Totals										
REVENUE TOTALS		4,142,336.00	678,861.00	4,821,197.00	(2,431.00)	.00	3,311,139.99	1,510,057.01	69%	3,834,592.19
EXPENSE TOTALS		4,061,794.00	678,861.00	4,740,655.00	182,604.65	45,126.80	2,653,876.24	2,041,651.96	57%	3,620,593.11
Grand Totals		\$80,542.00	\$0.00	\$80,542.00	(\$185,035.65)	(\$45,126.80)	\$657,263.75	(\$531,594.95)		\$213,999.08

March 22, 2018

Agenda # 1

Agenda Action Report
Prepared for the
Cascade County Commission

ITEM: Interlocal Agreement for the provision of 911 (PSAP) and emergency dispatch services to Cascade County, The City of Great Falls, The Town of Cascade, The City of Belt and The Town of Neihart.

INITIATED AND PRESENTED BY: Commission

ACTION REQUESTED: Approval of Contract

BACKGROUND: The Montana Interlocal Cooperation Act permits local government units to make the most efficient use of their powers by enabling them to cooperate with other local government units on the basis of mutual advantage, and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities.

RECOMMENDATION: Approval of Contract

TWO MOTIONS PROVIDED FOR CONSIDERATION:

MOTION TO APPROVE:

Madam Chair, I move that the Commission approve Contract 18-98, Interlocal Agreement for the provision of 911 (PSAP) and emergency dispatch services to Cascade County, The City of Great Falls, The Town of Cascade, The City of Belt and The Town of Neihart.

MOTION TO DISAPPROVE:

Madam Chair, I move that the Commission disapprove Contract 18-98, Interlocal Agreement for the provision of 911 (PSAP) and emergency dispatch services to Cascade County, The City of Great Falls, The Town of Cascade, The City of Belt and The Town of Neihart.

INTERLOCAL AGREEMENT

*FOR THE PROVISION OF 911 (PSAP) AND EMERGENCY DISPATCH SERVICES
TO CASCADE COUNTY, THE CITY OF GREAT FALLS, THE TOWN OF CASCADE,
THE CITY OF BELT AND THE TOWN OF NEIHART.*

WHEREAS, the Montana Interlocal Cooperation Act, codified at Mont. Code Ann. § 7-11-101, et seq., (hereinafter, the "Act"), permits local government units to make the most efficient use of their powers by enabling them to cooperate with other local government units on the basis of mutual advantage, and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities; and

WHEREAS, the Act provides that public agencies may authorize and approve interlocal agreements with other public agencies to perform any administrative service, activity, or undertaking which such public agencies are otherwise authorized by law to perform; and

WHEREAS, Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart are corporate political subdivisions of the State of Montana, and as such are "public agencies," as defined by Mont. Code Ann. § 7-11-103; and

WHEREAS, Mont. Code Ann. §10-4-103, authorizes public and private safety agencies to establish and participate in an emergency telephone system, as defined by Mont. Code Ann. § 10-4-103

WHEREAS, Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart, by prior interlocal agreements with the City of Great Falls, have previously established a 911 jurisdiction, and an emergency telephone system, pursuant to an approved final plan, as defined by Mont. Code Ann. §§ 10-4-111 and 10-4-112

WHEREAS, Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart intend to clarify the structure and administration of the preexisting 911 jurisdiction and emergency telephone system in conformance with the provisions of Mont. Code Ann §§ 10-4-101 through 10-4-315

NOW, THEREFORE, pursuant to the Montana Interlocal Cooperation Act, and in consideration of the mutual covenants set forth herein, the receipt and sufficiency of which are hereby acknowledged, Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart hereby agree as follows:

1. Purpose of Agreement

The purpose of this agreement is to clarify the structure and administration of the preexisting Cascade County 911 jurisdiction and emergency telephone system in conformance with the provisions of Mont. Code Ann §§ 10-4-101 through 10-4-315, and to further enhance the efficiency thereof.

2. Termination of Prior 911 and Dispatch Agreements

This agreement shall immediately terminate and supersede that certain Interlocal Agreement for the Provision of 911 (PSAP) and Emergency Dispatch Services to Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt and the Town of Neihart, executed in May 1996 and the Administrative Procedures for the Combined Public Safety iSeries, dated February 2, 2007.

Further, this agreement shall immediately terminate and supersede any and all prior agreements between Cascade County and the City of Great Falls for the provision of emergency telecommunication (911/PSAP and dispatch) services. This agreement shall also immediately terminate and supersede any and all other prior agreements between the City of Great Falls and the Town of Cascade, the City of Belt, and the Town of Neihart for the provision of telecommunication (911/PSAP and dispatch) services.

However, this agreement shall not terminate or supersede the final 911 plan, as currently approved by the Montana Department of Administration pursuant to Mont. Code Ann. §§ 10-4-111 and 10-4-112 nor the Interlocal Agreement between the City of Great Falls and the Board of Cascade County Commissioners in re: the Zuercher Technologies, LLC Public Safety Software System.

3. 911 Jurisdiction

The boundaries of the Cascade County "911 Jurisdiction," as defined by Mont. Code Ann §10-4-101, are hereby established as and shall encompass all areas currently within the boundaries of Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart, as currently and may hereafter be designated in the final 911 plan approved by the Montana Department of Administration.

For purposes of receiving disbursements from the Montana Department of Administration pursuant to Mont. Code Ann. § 10-4-302, the designated 911 agency for the Cascade County 911 jurisdiction shall be the City of Great Falls which shall provide, on a contract basis, all 911 (PSAP) services and certain dispatch services to all public and private safety agencies within the boundaries of the Cascade County 911 Jurisdiction as provided herein. The Chief of Police of the City of Great Falls, or such other public safety agency officer of the City of Great Falls as the City of Great Falls may designate, shall be designated and serve as the administrator of the Cascade County 911 jurisdiction. Except as otherwise expressly provided herein, the administrator shall be responsible for carrying out the authority and responsibility of the City of Great Falls under this agreement.

4. Provision of 911 (PSAP) and Dispatch Services

The City of Great Falls, as a wholly independent entity, shall provide 911 (PSAP) and dispatch services to the City of Great Falls, Cascade County, the Town of Cascade, the City of Belt, and the Town of Neihart as described in this section.

(A) City of Great Falls

1. 911 (PSAP) Service. the City of Great Falls shall provide 24-hour direct dispatch, public service answering point services, as defined by Mont. Code Ann. § 10-4-101, within the boundaries of the City of Great Falls.

2. Other Services. Subject to the budget disclosure requirement set forth herein, the City of Great Falls, its sole discretion, may provide whatever other 911 (PSAP) and general dispatch services to authorized public and private safety and emergency service agencies and affiliates of the City of Great Falls.

(B) Cascade County

1. 911 (PSAP) Service. The City of Great Falls shall provide 24-hour direct dispatch, public service answering point services, as defined by Mont. Code Ann § 10-4-101, within the boundaries of Cascade County outside the boundaries of the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart.

2. General Dispatch Services. Unless otherwise provided by an addendum to this agreement executed by the City of Great Falls and Cascade County, the City of Great Falls shall also provide comprehensive 24-hour general dispatch services to Cascade County. These general dispatch services shall include but not be limited to:

- (a) promptly answering emergency calls for assistance from the public;
- (b) accurately recording and conveying information to responders and following established response procedures as set forth in Exhibit A required by Cascade County public safety and emergency service resources; and
- (c) initiating the response and maintaining all communications reasonable or necessary to assure the completion of such response.

Cascade County public safety and emergency service agencies and affiliates authorized to utilize these general dispatch services shall be the Cascade County Sheriff's Department, Rural Fire Departments, Quick Response Units, and other authorized public safety and emergency service agencies or affiliates of Cascade County, as designated in writing by the board of Cascade County Commissioners.

3. Performance Standards. Except as otherwise provided by a written addendum to this agreement executed by the City of Great Falls and Cascade County, the City of Great Falls shall provide all 911 (PSAP) services required under this agreement to Cascade County pursuant to those certain performance standards set forth in **Exhibit A** "Cascade County (PSAP) Performance Standards."

4. Other Services. By a written addendum to this agreement executed by the City of Great Falls and Cascade County, the County may contract with the City of Great Falls for additional or revised 911 (PSAP) service, general dispatch services, or other ancillary or related services.

(C) Town of Cascade

1. 911 (PSAP) Service. The City of Great Falls shall provide 24-hour direct dispatch, public service answering point services, as defined by Mont. Code Ann. § 10-4-101, within the boundaries of the Town of Cascade.

2. Other Services. By a written addendum to this agreement executed by the City of Great Falls and the Town of Cascade, the Town of Cascade may contract with the City of Great Falls for additional or revised 911 (PSAP) service, general dispatch services, or other ancillary or related services.

(D) City of Belt

1. 911 (PSAP) Service. The City of Great Falls shall provide 24-hour direct dispatch, public service answering point services, as defined by Mont. Code Ann. § 10-4-101, within the boundaries of the Town of Belt.

2. Other Services. By a written addendum to this agreement executed by the City of Great Falls and the Town of Belt, the Town of Belt may contract with the City of Great Falls for additional or revised 911 (PSAP) service, general dispatch services, or other ancillary or related services.

(E) City of Neihart

1. 911 (PSAP) Service. The City of Great Falls shall provide 24-hour direct dispatch, public service answering point services, as defined by Mont. Code Ann. § 10-4-101, within the boundaries of the Town of Neihart.

2. Other Services. By a written addendum to this agreement executed by the City of Great Falls and the Town of Neihart, the Town of Neihart may contract with the City of Great Falls for additional or revised 911 (PSAP) service, general dispatch services, or other ancillary or related services.

5. Facilities, Personnel and Equipment

The City of Great Falls shall retain and have exclusive title, responsibility, and control over all existing and after-acquired facilities, equipment within the Emergency Communications Center, and personnel acquired or employed by the City of Great Falls to provide prior, existing, and future 911 (PSAP) and dispatch services to Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart. The City of Great Falls shall hereafter provide and retain title, control and responsibility for all equipment and facilities within the Emergency Communications Center.

6. 911 Accounts

As the designated 911 agency for the Cascade County 911 jurisdiction, as defined by Mont. Code Ann §10-4-101, the City of Great Falls shall receive all disbursements from the State of Montana under Mont. Code Ann. § 10-4-302 for Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart. Upon receipt, the City of Great Falls shall maintain and account for these disbursements in separate "911 accounts" for Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart. The City of Great Falls shall administer these accounts in strict accordance with the provisions of this agreement and Mont. Code Ann. § 10-4-303, as may hereafter be amended. The City of Great Falls shall ensure that an adequate amount (at least 17%) of the 911 accounts fund is held in reserve as a contingency fund. GFOA principles and best practices will be used in maintaining 911 accounts.

7. Budget and Finance

For each fiscal year, the City of Great Falls, by and through the administrator of the Cascade County 911 jurisdiction, shall develop and provide to each of the undersigned entities a proposed annual budget including projected or actual costs and revenues for all 911 (PSAP) and emergency service dispatch operations provided by the City of Great Falls to all of the undersigned entities. Each fiscal year shall begin on the first day of July of each calendar year and shall end on the last day of June of the next succeeding calendar year.

The annual budget shall include a schedule of the total cost to each of the undersigned entities of 911 (PSAP) and dispatch services under this agreement for the subject fiscal year. Additionally, the budget shall include, but shall not be limited to, a statement of expenses for the following categories:

- (a) Salaries & Overtime
- (b) Communication Services
- (c) Printing & Publishing
- (d) Office & Operating Supplies
- (e) Rentals
- (f) Machinery & Equipment
- (g) Repair & Maintenance Supplies

- (h) Employer Paid Insurance & Retirement
- (i) Professional Services
- (j) Travel, Conferences & Schools
- (k) Internal Services
- (l) Data Processing
- (m) Utilities

The annual budget shall also include a statement of the existing balances and year to date quarterly disbursements for each of the respective "911 accounts" maintained by the City of Great Falls for each entity's emergency telephone system disbursements from the State of Montana under Mont. Code Ann. § 10-4-302.

For each fiscal year, the City of Great Falls shall provide the **proposed annual budget** to the governing body (or duly authorized chief executive officer) of each of the undersigned entities **no later than the first day of May in advance of the subject fiscal year**. No later than the **second Tuesday in August of each year, each of the undersigned entities (except for the City of Great Falls) shall by resolution, approve or reject the annual budget**. In accordance with Mont. Code Ann. § 10-4-303, **a resolution of approval shall state to what extent, if any, the approving entity authorizes the City of Great Falls to lawfully satisfy that entity's costs** for the subject fiscal year from existing and projected funds in the "911 account" maintained by the City of Great Falls for that entity's emergency telephone system disbursements from the State of Montana under Mont. Code Ann. § 10-4-302.

If one or more of the undersigned entities fails or refuses to timely approve an annual budget as required herein, then this agreement shall terminate as to each such entity, effective on the first day of the next succeeding July, unless otherwise agreed in writing by each such entity and the City of Great Falls prior to the next succeeding first day of July. In the event that Cascade County, the Town of Cascade, the City of Belt, and the Town of Neihart all fail to timely approve the annual budget for the next fiscal year, this agreement shall terminate effective on the first day of the next succeeding July.

For each fiscal year, **each of the undersigned entities shall make payment to the City of Great Falls, on or before the fifteenth day (15th) of December**, of the first one-half (1/2) of the previously approved budgeted cost of that entity's 911 (PSAP) and dispatch services under this agreement. Thereafter, each of the undersigned entities shall make payment of the second one-half (1/2) of the previously approved budgeted cost of that entity's 911 (PSAP) and dispatch services on or before the **fifteenth day (15th) of the next succeeding June**. To the extent of existing funds in each entity's "911 Account," the City of Great Falls shall first satisfy each entity's biannual payment obligation with one-half (1/2) of the previously authorized expenditure of that entity's 911 account for the subject fiscal year, unless otherwise agreed in writing between the subject entity and the City of Great Falls. The City of Great Falls shall then satisfy the balance of each entity's biannual payment obligation with the biannual payment submitted. If any of the undersigned entities submits a biannual payment greater than the amount due for the particular budgeted biannual payment due (after applying any authorized charge on the entity's 911 account), the City of Great Falls shall promptly remit the excess to the subject entity.

In the event that any of the undersigned entities fail to timely submit sufficient funds to satisfy a biannual payment, that entity shall immediately make the necessary payment within five (5) business days of written demand from the City of Great Falls for payment of such deficiency. However, the City shall be foreclosed from demanding payment of such deficiencies if it has failed to make such demand with one (1) year of the due date of the subject payment.

At the end of each fiscal year, if the actual costs incurred by the City of Great Falls are less than the costs budgeted for that year, then the City shall apply the overage, on a pro-rata basis to each of the undersigned entities' budget shares, to the budget for the next fiscal year, or if agreed upon in writing by all affected parties, deposit the overage into a separate reserve account. If the City of Great Falls is inclined or required to incur additional unbudgeted costs in any fiscal year, then the City of Great Falls shall be exclusively responsible for such unbudgeted costs, except as the City may otherwise contract with any or all of the undersigned entities to offset such budget deficiency for that fiscal year.

8. Liability and Agency

The City of Great Falls shall provide all 911 (PSAP) and dispatch services required under this agreement as an independent contractor to Cascade County, the Town of Cascade, the City of Belt, and the Town of Neihart. Consequently, neither Cascade County, the Town of Cascade, the City of Belt, or the Town of Neihart shall be liable for any claim or action that may arise as a result of any errors or omissions of employees or agents of the City of Great Falls in the provision of services under this agreement. However, Cascade County, the Town of Cascade, the City of Belt, and the Town of Neihart shall be liable, respectively, for any claims or actions arising from error or omission in the provision of emergency services by them.

This agreement shall not create any new or independent government agency. Further, this agreement shall not create an agency relationship between the City of Great Falls and any of the other undersigned entities.

9. Termination by Notice.

Any party may terminate its participation in this agreement by resolution of its governing body and upon providing all other parties written notice of its intent to terminate the agreement pursuant to this section. Termination shall be effective only if the party provides notice of termination on or before the thirty-first (31st) day of December preceding the next succeeding fiscal year, i.e. the fiscal year of intended termination. Upon such timely notice, this agreement shall terminate on the next succeeding thirtieth (30th) day of June.

10. Termination for Cause

Any of the undersigned entities may terminate this agreement, as between the terminating entity and the responsible party, for cause upon satisfying the following conditions:

(A) providing the responsible party with written notice of unsatisfactory performance, issued by the governing body (or authorized chief executive officer) of the terminating entity, specifying in detail a material breach of this agreement by the responsible party;

(B) the responsible party failing or refusing to correct the alleged deficiency within thirty (30) days of the date of notice of unsatisfactory performance;

(C) upon the responsible party's failure or refusal to timely correct the deficiency, providing the responsible party with written notice of intent to terminate this agreement; and

(D) providing the responsible party with written notice of termination no sooner than one hundred twenty (120) days but no later than one hundred fifty (150) days after providing notice of intent to terminate.

Upon satisfaction of all of these conditions, this agreement shall immediately terminate, as between the terminating entity and the responsible party only. A material breach of this agreement shall include but shall not be limited to any material failure to comply with the service performance standards or protocols included or incorporated into this agreement by exhibit or addendum.

11. Biannual Status Meetings

At least twice per fiscal year, on or about the last Wednesday in March and on or about the last Thursday in September, the City of Great Falls shall notice and hold a meeting of the chief executive officers of the undersigned entities, together with representatives of all known public and private users of the Cascade County 911 PSAP and dispatch system. The agenda of these meetings shall be set to address any issues of significance to any of the undersigned entities regarding the status and efficiency of the Cascade County 911 jurisdiction and shall specifically include but shall not be limited to a general operational and fiscal status report by the City of Great Falls.

12. 911 Dispatch Advisory Board

The 911 Dispatch Advisory Board is established as an advisory body to make recommendations on budgetary matters and performance standards to the City of Great Falls City Manager and the Cascade County Commissioners regarding emergency dispatch services provided under this Agreement. The Board will be comprised of the following individuals: City of Great Falls Chief of Police, Sheriff of Cascade County, Chief of Great Falls Fire Rescue Department, Disaster and Emergency Services Coordinator for Cascade County, and the Cascade County Emergency Medical Director. The Chief of Police will preside over the meetings and the Board shall not act officially except at a meeting in which a quorum, consisting of a majority of the members, is present and upon the majority vote of those members present.

Board Responsibilities and Duties:

- A. Review the annual budget for the 911 Communications Center and make comments and recommendations prior to the budget being submitted to the Cascade County Commissioners and to the City of Great Falls City Manager and City Commissioners for final approval;
- B. Inform the City of Great Falls City Manager and Cascade County Commissioners of any situations or circumstances which might reduce the service capability or performance level of the 911 dispatch system;
- C. Coordinate the dispatch needs and requirements of all participating public safety agencies utilizing the 911 Communications Center;
- D. Provide input for the development and implementation of the policies regarding performance standards of the 911 Communications Center;
- E. Meet quarterly unless more frequent meetings are deemed necessary by the Board;
- F. Other duties as necessary to promote effective and efficient operation of the 911 Communications Center.

13. Duration

The agreement shall be immediately effective upon its execution by the duly authorized representatives of Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart. This agreement shall continue in force and effect until such time as all parties mutually terminate this agreement or as otherwise expressly provided in Sections 7, 9 and 10 of this agreement.

14. Distribution of Assets

Upon termination of this agreement, either in total or with regard to particular entities, the City of Great Falls shall retain and have exclusive title, responsibility, and control over all existing and after-acquired facilities, equipment within the Emergency Communications Center, and personnel acquired or employed by the City of Great Falls to provide prior, existing, and future 911 (PSAP) and dispatch services to Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart. The City of Great Falls shall thereafter provide and retain title, control and responsibility for all equipment and facilities within the Emergency Communications Center.

However, upon termination of this agreement, either in total or with regard to particular entities, the City of Great Falls shall, within thirty (30) days of termination, transfer to the governing body (or duly authorized accounting officer) of each terminated entity all existing funds held by the City of Great Falls in each such entity's 911 account, as defined in Section 6 of this agreement. However, upon fifteen (15) days prior notice to the terminated entity, the City of Great Falls may offset such transfer to the extent of any unsatisfied budgeted amount due to the City under this agreement for the subject fiscal year.

15. Amendment

Except as otherwise expressly provided herein, this interlocal agreement may not be amended except by a written agreement of the undersigned parties, in conformance with the requirements of the Montana Interlocal Cooperation Act, codified at Title 7, Chapter 11, Part 1, Mont. Code Ann.

16. Severability

If any term of this agreement should hereafter be declared or become void or unenforceable by judicial decree or operation of law, all other terms of this agreement shall continue to be effective unless the void or unenforceable term tends to materially defeat the manifest intent and purpose of this agreement.

17. Merger

This interlocal agreement constitutes the entire agreement of the undersigned parties with respect to the matters addressed herein and supersedes any and all previous agreements or representations, if any, between the parties.

18. Construction

In the event of any ambiguity or imprecision in regard to the construction of the provisions of this agreement, such ambiguity or imprecision shall not, as a matter of course, be construed against any of the undersigned entities. All provisions of this agreement shall be construed to affect the manifest intent and purpose of this agreement.

19. Assent

Pursuant to Mont. Code Ann. § 7-11-104 the undersigned Cascade County, the City of Great Falls, the Town of Cascade, the City of Belt, and the Town of Neihart hereby authorize, approve, and execute the terms of this interlocal agreement.

DATED this _____ day of _____, 2018.

City of Great Falls, Montana

Greg Doyon, City Manager

APPROVED by the City Commission of the City of Great Falls, Cascade County, Montana, on this _____ day of _____, 2018.

City Commission of the City of Great Falls, Cascade County, Montana

Bob Kelly, Mayor

ATTEST:

Lisa Kunz, City Clerk

(City Seal)

APPROVED TO FORM:

Sara R. Sexe, City Attorney

State of Montana)
County of Cascade : ss
City of Great Falls)

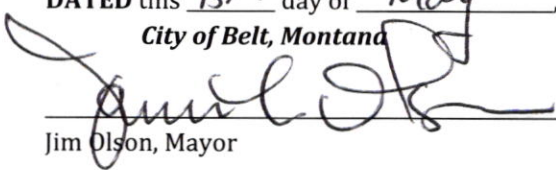
I, Lisa Kunz, City Clerk of the City of Great Falls, Montana, do hereby certify that the foregoing Interlocal Agreement was placed on its final passage and approved by the City Commission of the City of Great Falls, Montana, at a meeting thereof held on the _____ day of _____, 2018, and approved by the Mayor of the City of Great Falls on the _____ day of _____, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the City of Great Falls this _____ day of _____, 2018.

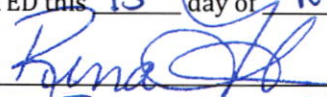
Lisa Kunz, City Clerk
(CITY SEAL)

DATED this 15th day of May, 2018.

City of Belt, Montana


Jim Olson, Mayor

ATTESTED this 15th day of MAY, 2018.

 By Deputy Clerk
RINA FONTANA MOORE, CASCADE County Clerk **RECORDED**



DATED this 22nd day of MAY, 2018.

Board of County Commissioners, Cascade County

Jane Weber, Commissioner

Joe Briggs, Commissioner

Jim Larson, Commissioner

ATTEST:

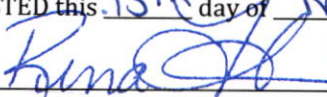
Cascade County Clerk

DATED this 15 day of MAY, 2018.

City of Neihart, Montana


Steve Taylor, Mayor

ATTESTED this 15th day of MAY, 2018.

 By Deputy Clerk
RINA FONTANA MOORE, CASCADE County Clerk **RECORDED**



DATED this 16th day of MAY, 2018.
Town of Cascade, Montana


Murry Moore, Mayor

ATTESTED this 16th day of MAY, 2018.

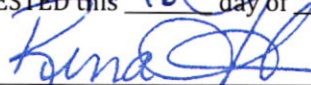
 By Deputy Clerk
RINA FONTANA MOORE, CASCADE COUNTY CLERK AND RECORDER



Exhibit A
Cascade County PSAP Performance Standards

A. Scope and Application

The performance standards set forth herein are applicable to the 9-1-1/Public Safety Answering Point (PSAP) and Dispatch services provided by the City of Great Falls to Cascade County. These standards are meant to supplement those provided by the City of Great Falls for services particular to Cascade County.

These performance standards shall serve as guidelines to the City of Great Falls Public Safety Communications Officers (PCSO's) (according to MCA 7-31-201 & MLEA Certification) regarding the basic levels of performance expected by Cascade County. These standards are not meant to infringe upon, or take away from, any policy, procedure, or authority provided by the City of Great Falls in regard to the 9-1-1/PSAP and Dispatch operations.

Those services provided by the PSAP to Cascade County will extend only to those emergency services supplied, or governed by, the Cascade County Commission. Those services included:

- Cascade County Sheriff's Office
- Cascade County Rural Fire Departments
- Cascade County Quick Response Teams (QRT's)
- Cascade County Department of Emergency Services (DES)
- Cascade County Search & Rescue
- Belt City Ambulance Service
- Gore Hill Ambulance Service

In addition, the PSAP will provide Dispatch service for the following agencies as they pertain to emergency response in Cascade County:

- Great Falls Emergency Services (Ambulance)
- Mercy Flight Air Medical Service
- Fairfield Ambulance

This list may be supplemented as necessary from time to time with the concurrence of the County Commission and the Great Falls City Manager.

Performance issues will be dealt with on an operational level. If not resolved at that level they will simultaneously be referred to the Chief of Police, Sheriff, and DES Coordinator for review and resolution.

The PSAP will provide Emergency Medical Dispatch (EMD) in Cascade County in accordance with the Montana Criteria Based Dispatch Guidelines. These guidelines are subject to occasional review and approval of the Cascade County Emergency Medical Director, and the Cascade County Commission. Any medical changes must be coordinated through the Cascade County Emergency Medical Director. Any substantial procedural changes must be coordinated through the Cascade County Emergency Medical Director and the Cascade County Commission.

Exhibit A
Cascade County PSAP Performance Standards

B. Prioritization of Services

1. First priority for all PSAP and Dispatch operations will always be responder safety. This is based upon the premise that there will be no response to the incident if the responder cannot reach the victim. As such, the following will be the priorities for event handling in the PSAP:
 - a. Emergency Radio Traffic
 - b. 9-1-1 trunks
 - c. Other emergency/alarm telephone lines
 - d. Administrative Lines
 - e. Non-Emergency Response Radio Communications
2. PSCO's will make every effort to process 9-1-1 calls and dispatch the required response within one minute of receiving information required for emergency responders.
3. PSCO's will be trained in the locations and general coverage patterns of the Cascade County radio systems PSCO's will be trained on the geography of Cascade County, to include communities, townships, Rural Fire Districts, and QRT response areas. Upon changes to the Geographic Information System (GIS) data for those areas required for Enhanced 9-1-1 landline and wireless 9-1-1 operations, or upon request from the PSAP Manager or authorized designee, Cascade County will provide updated (GIS) data for those areas.
4. Cascade County will be responsible for providing accurate addressing information for all locations within Cascade County outside the incorporated boundaries of the City of Great Falls. Reported errors in the addressing information (or GIS data referenced in paragraph B.3.), will be promptly reported to the appropriate Cascade County addressing and/or GIS authority by the PSAP manager or other authorized designee.

C. Documentation of Extraordinary Events

In the event of unforeseen events which may or may not be adequately addressed by the general guidelines set forth herein, and where immediate supervisory assistance may not be available, PSCO's may exercise independent judgment and initiative in accordance with the policies and procedures established by the City of Great Falls. Upon such event, the PSCO shall document the time, date, nature of the incident, and the basis for the dispatch decisions of the PSCO. Such documentation shall be given to the PSAP Manager for review. Upon review, the PSAP Manager shall distribute the documentation to the appropriate response agencies within Cascade County.

Exhibit A
Cascade County PSAP Performance Standards

D. Modification of Standards

The PSAP performance standards set forth herein shall not be modified except by written agreement of the City manager of the City of Great Falls, and the governing body of Cascade County.

May 22, 2018

Agenda #2

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Monarch Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Monarch Fire Fee Service Area Board

<u>Applicants</u>	<u>Vacancy (2)</u>	(3 Yr. Term) Term Expiration: May 31, 2021
--------------------------	---------------------------	---

Candace Cunniff	_____	Current Member (Requesting Re-Appointment) (Served 1 term)
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Wes Holzheimer	_____	Current Member (Requesting Re-Appointment) (Served 1 term)
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<u>Applicants</u>	<u>Vacancy (1)</u>	(2 Yr. Term) Term Expiration: May 31, 2020
--------------------------	---------------------------	---

Chris J. Croff	_____	Current Member (Requesting Re-Appointment) (Served 4 terms)
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New Applicants

Janet Enloe	_____	Previous Board Member (Served 1 term)
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Robert Majerus	_____	New Applicant
----------------	-------	---------------



CASCADE COUNTY
BOARD APPLICATION

Cascade County Commission

RECEIVED

MAY 01 2018



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date May 1, 2018

NAME Candace (Candy) Cunniff

TELEPHONE (Home) 236-5411 (Work) _____ (Cell) 406-799-0606 (E-Mail) cdcunniff@bresnan.net

CURRENT ADDRESS 4970 US Highway 89 South Monarch MT 59463

Previous Public Experience (Elected or Appointed) None

Previous Volunteering or County Boards Ursuline Center Board Member

Current Volunteering or County Boards Monarch Fire Fee Service Area

Church volunteer and School volunteer

Current Employer Retired Elementary Teacher, Great Falls Public Schools

Education Bachelor's - Montana State University

Master's Degree - MSU Northern - (+45 additional credits)

Please indicate which of the following Boards/Trustee positions you are interested in.

Mark 1st, 2nd, 3rd choices below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> Fire Fee Service Area | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

Currently on the Monarch Fire Fee Service Area (Secretary).

Very interested in fire protection and conservation of the land.

Requesting re-appointment to the Monarch Fire Fee Service Board.



CASCADE COUNTY
BOARD APPLICATION

Cascade County Commissioners

RECEIVED

MAY 01 2018



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date May 1, 2018

NAME Wes Holzheimer

TELEPHONE (Home) 799-3892 (Work) _____ (Cell) 406-799-3892 (E-Mail) _____

CURRENT ADDRESS 4649 US Highway 89 Monarch MT 59463

Previous Public Experience (Elected or Appointed) None

Previous Volunteering or County Boards Fireman, Monarch Volunteer Fire Department
Monarch Fire Fee Service Area Board

Current Volunteering or County Boards Monarch Fire Fee Service Area Board

Current Employer Truck Driver - United Materials

Education High School Graduate

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> Fire Fee Service Area | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

Currently a Monarch Fire Fee Service Area board member.

Requesting re-appointment to the Monarch Fire Fee Service Board.



CASCADE COUNTY
BOARD APPLICATION

Cascade County Commissioners
RECEIVED

MAY 01 2018



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date May 1, 2018

NAME Chris J. Croff

TELEPHONE (Home) 236-5549 (Work) _____ (Cell) 406-868-2339 (E-Mail) lbi@3drivers.net

CURRENT ADDRESS 99 Sun Mountain Drive Monarch MT 59463

Previous Public Experience (Elected or Appointed) MVFD Trustee 2004 to present

Previous Volunteering or County Boards Monarch VFD Trustee

Current Volunteering or County Boards Monarch Fire Fee Service Area Board

Current Employer Greenfield Industries, Inc., President (Retired)

Education B.S. - Geological Engineering Montana Tech

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> Fire Fee Service Area | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

Currently a Monarch Fire Fee Service Area board member.

Extensive business experience and business owner.

Requesting re-appointment to the Monarch Fire Fee Service Board.

COUNTY BOARD APPLICATION

Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT 59401. If you have any questions, please contact the Commission Office at (406)454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board

Please Print or Type

Date May 8, 2018

NAME Janet Enloe

PHONE (home) (406)236-5377 (work) _____ (cell) _____ (Email) hjenloe@3rivers.net

ADDRESS 34 Cascade Avenue, Monarch, Montana 59463

Previous Public Experience (Elective or Appointive) Served partial vacant position on the Monarch Fire Service Area Board in 2014.

Previous Volunteering or County Boards. Served partial vacant position on the Monarch Fire Service Area Board in 2014.

Current Volunteering or County Boards. Board of Directors of Monarch Neihart Historical Group

Employment (Firm/Occupation/profession) Retired from Great Falls Public Schools.

Education Graduated Great Falls High School, 2 Years Northern Montana College.

Please indicate which of the following Boards/Commissions you are interest in. Mark 1st and 2nd choices below.

<input type="checkbox"/> Airport Authority	<input type="checkbox"/> Citizen/Road Advisory	<input type="checkbox"/> ExpoPark	<input type="checkbox"/> Park Board
<input type="checkbox"/> board of Health	<input type="checkbox"/> Tax Appeal	<input type="checkbox"/> zoning Board of Adjustment	
<input type="checkbox"/> County Planning	<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Weed & Mosquito Management	
<input checked="" type="checkbox"/> Fire Service Area	<input type="checkbox"/> Other _____		
Monarch			

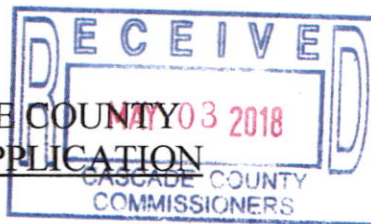
Please list special experience or education you may have for serving on any of the boards (Additional information, comments or resume may be added to the back of this form.

I operate in a positive, helpful and professional manner; can maintain poise, productivity, accuracy and organization under stressful situations. I have computer skills; can prepare critical reports in detail after data collection; grant writing experience; am trustworthy and adheres strictly to confidentiality and can resolve issues as appropriate.





CASCADE COUNTY
BOARD APPLICATION



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date 3 May 2018

NAME Robert A. Majerus

TELEPHONE (Home) 236-5944 (Work) _____ (Cell) 750-6640 (E-Mail) majerusb@3rivers.net

CURRENT ADDRESS 5077 US 89, Monarch, MT (PO Box 933 Monarch MT)

Previous Public Experience (Elected or Appointed) None

Previous Volunteering or County Boards _____

Current Volunteering or County Boards Monarch Neihart Historical Group, Finance council
St. Mark's Church, Belt, Monarch Neihart Senior Center.

Current Employer Retired Department of Defense.

Education Associate Degree in Electronics Engineering

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> Fire Fee Service Area <i>Monarch</i> | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF CASCADE COUNTY

IN RE THE CREATION OF THE
MONARCH FIRE SERVICE AREA

RESOLUTION 02-85

WHEREAS, on or about July 2002, the Board of Cascade County Commissioners received a petition to create the Monarch Fire Service Area (the Petition) as authorized by Mont. Code Ann. §7-33-2401, et seq.; and

WHEREAS, the County Clerk and Recorder reviewed the Petition and certified that, pursuant to Mont. Code Ann. §7-33-2401(1), the Petition contains the signatures of more than 30 owners of real property in the proposed fire service area; and

WHEREAS, the County Clerk and Recorder researched the official records of Cascade County and determined that, pursuant to Mont. Code Ann. §7-33-2401(1), the proposed service area is not part of a rural fire district as set forth at Part 21 of Chapter 33, Title 7; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(2)(a), the Board of Cascade County Commissioners did pass a Resolution of Intent to Create the Monarch Fire Service (Resolution of Intent), on August 13, 2002; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(2)(a), the County did cause to be published in accord with Mont. Code Ann. §7-33-2121, a copy of a Notice of Passage of Resolution of Intent (attached hereto and by reference made a part hereof as Exhibit "A", the Notice) in the form and manner prescribed by law on October 6 and October 13, 2002; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(2)(a), the County did cause to be mailed in accord with Mont. Code Ann. §7-33-2122, a copy of said Notice to every person, firm, corporation, or the agent of such person, firm, or corporation having real property within the proposed service area listed in his or her name; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(2)(b), the Board of Cascade County Commissioners did hold a public hearing on Tuesday, October 22, 2002, such hearing being no earlier than 30 days or later than 90 days after passage of the Resolution of Intent; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(2)(c), the Board of County Commissioners did, at the public hearing (i) accept written protests from property owners of the proposed area; and (ii) receive general protests and comments relating to the establishment of the fire service area and its boundaries, rates, kinds, types, or levels of service or any other matter relating to the proposed fire service area; and

WHEREAS, pursuant to Mont. Code Ann. §7-33-2401(3), the Board of Cascade County Commissioners, may in its discretion and based on testimony received in the public hearing establish different boundaries, establish a different fee schedule than proposed, change the kinds, types, or levels of service, or change the manner in which the area will provide services to its residents.

NOW, THEREFORE, BE IT RESOLVED that pursuant to Mont. Code Ann. §7-33-2402(d), the Board of Cascade County Commissioners, hereby creates the Monarch Fire Service Area in accordance with the jurisdictional boundaries as set forth in the legal description detailed in the

return to Commissioner



Cascade County, MT CRS

00046006

Page: 1 of 10
01/29/2003 07:59A
By: M.E. Johnson

Resolution of Intent as attached hereto and incorporated herein as Exhibit "B"; and

BE IT FURTHER RESOLVED, that pursuant to Mont. Code Ann. §7-33-2402(1)(a)(ii), fire protection for the proposed area shall be provided for by the existing Monarch Rural Volunteer Fire Department, a fire company presently organized under Mont. Code Ann. §7-33-2311; and

BE IT FURTHER RESOLVED, that pursuant to Mont. Code Ann. §7-33-2403(a), the Board of Cascade County Commissioners may govern and manage the affairs or pursuant to §7-33-2403(b), shall authorize the appointment of five (5) qualified trustees to govern and manage the affairs of the area; and

BE IT FURTHER RESOLVED, that pursuant to Mont. Code Ann. §7-33-2404(3), the Board of Cascade County Commissioners shall collect the funds necessary to operate the fire service area by imposing a special assessment on the owners of structures in the proposed fire service area and shall collect the assessments with the general taxes of the county, such assessment being a lien on the assessed property; and

BE IT FURTHER RESOLVED, that pursuant to Mont. Code Ann. §7-33-2404(1) and (2), the special assessment on the owners of structures in the proposed fire service area shall be established by the Board of Cascade County Commissioners as an annual rate of \$ 65.00, for each habitable structure including but not limited to mobile homes and businesses, to be charged to owners of such habitable structures that are benefitted by the services offered by the fire service area, such rate to be hereafter subject to modification as the Board of Cascade County Commissioners may from time to time resolve; and

BE IT FURTHER RESOLVED, that pursuant to Mont. Code Ann. §7-33-2401(2)(d), the fire service area shall be created effective 60 days after the passage of this resolution unless by that date more than 50% of the property owners of the proposed fire service area protest its creation

PASSED AND ADOPTED by the Board of Cascade County Commissioners of Cascade County, Montana this 22nd Day of ~~August~~ October 2002

BOARD OF COUNTY COMMISSIONERS
OF CASCADE COUNTY

Gayle Morris, Chairman

Peggy S. Beltrone, Commissioner

Tom Stelling, Commissioner

ATTEST:

Peggy Carrico
Clerk and Recorder



Cascade County, MT CRS

R0046006

Page: 2 of 10

01/29/2003 07:59A

0.00 By: M.E. Johnson

MCA Contents / TITLE 7 / CHAPTER 33 / Part 21 / 7-33-2106 Details relati...

Montana Code Annotated 2017

TITLE 7. LOCAL GOVERNMENT
CHAPTER 33. FIRE PROTECTION
Part 21. Rural Fire Districts

Details Relating To Board Of Trustees Of Fire District -- Election -- Qualified Electors

7-33-2106. Details relating to board of trustees of fire district -- election -- qualified electors. (1) (a) The five trustees initially appointed by the county commissioners hold staggered terms of office until their successors are elected or appointed and qualified as provided in this section.

(b) The initial trustees' terms of office must be drawn by lot and include:

- (i) 3 years for one trustee;
- (ii) 2 years for two trustees; and
- (iii) 1 year for two trustees.

(c) Upon expiration of the terms provided in subsection (1)(b), each subsequent trustee shall serve a 3-year term of office.

(d) A term of office begins on the date of the trustee's election or appointment.

(2) Trustee elections must be conducted in accordance with Title 13, chapter 1, part 5.

(3) An appointment to fill a vacancy occurring during the term of office of a trustee must be made by the county governing body and the appointee shall hold office until the next trustee election.

(4) An elector, as defined in **13-1-101**, who resides in the district or any holder of title to lands within the district who presents a proof of payment of taxes on the lands at the polling place is eligible to vote in the election.

(5) Any person eligible to vote in the election may file a declaration of candidacy for the office of trustee. The declaration must be filed with the election administrator in the county conducting the election pursuant to **13-1-505** within the time period specified in **13-1-502**.

(6) If there is not a candidate for one or more trustee offices, the board of county commissioners shall appoint one or more trustees as necessary to fill those offices. A trustee taking office pursuant to this subsection serves the trustee term of office as if that trustee had been elected.

(7) The trustees shall organize by choosing presiding officers and appointing one member to act as secretary.

History: En. Sec. 1, Ch. 107, L. 1911; amd. Sec. 1, Ch. 19, L. 1921; re-en. Sec. 5149, R.C.M. 1921; amd. Sec. 1, Ch. 130, L. 1925; re-en. Sec. 5149, R.C.M. 1935; amd. Sec. 3, Ch. 97, L. 1947; amd. Sec. 2, Ch. 75, L. 1953; amd. Sec. 2, Ch. 77, L. 1959; amd. Sec. 1, Ch. 118, L. 1959; amd. Sec. 1, Ch. 2, L. 1965; amd. Sec. 1, Ch. 333, L. 1969; amd. Sec. 1, Ch. 120, L. 1973; R.C.M. 1947, 11-2010(part); amd. Sec. 1, Ch. 213, L. 1979; amd. Sec. 390, Ch. 571, L. 1979; amd. Sec. 1, Ch. 27, L. 1981; amd. Sec. 1, Ch. 502, L. 1983; amd. Sec. 23, Ch. 250, L. 1985; amd. Sec. 1, Ch. 146, L. 1991; amd. Sec. 6, Ch. 591, L. 1991; amd. Sec. 6, Ch. 254, L. 1999; amd. Sec. 6, Ch. 499, L. 2007; amd. Sec. 161, Ch. 49, L. 2015; amd. Sec. 7, Ch. 372, L. 2017.

Created by LAWS

May 22, 2018

Agenda #3

Agenda Action Report
prepared for the
Cascade County Commission

ITEM: Vaughn Fire Fee Service Area Board Appointment

PRESENTED BY: Commission

Vaughn Fire Fee Service Area Board

Applicants **Vacancy (2)** (3 Yr. Term) Term Expiration: May 31, 2021

Larry Kent _____

Patrick W. Souza _____

Harold Allen Vaughan Jr. _____



CASCADE COUNTY BOARD APPLICATION



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date 03/07/2018

NAME Larry Kent

TELEPHONE (Home) 217-8550 (Work) 564-7763 (Cell) 564-7763 (E-Mail) LnCVentures@outlook.com

CURRENT ADDRESS 104 Manchester Lane, Great Falls, MT 59404

Previous Public Experience (Elected or Appointed) Domestic Violence Task

Force-Pennington County, SD

Previous Volunteering or County Boards Malmstrom AFB Spouses Club Advisor,
Church Council Member

Current Volunteering or County Boards Manchester Volunteer Fireman, Church
Security Advisor

Current Employer CACI, Information Technology Company

Education High School, Some College

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> ^{VAUGHN} Fire Fee Service Area | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input checked="" type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

I served in the USAF (11 Years), USAF Reserves (12 Years) and as a Deputy Sheriff for Pennington
County, SD, (11 Years). As part of these jobs, I had many opportunities to contribute to public safety and
community relations. I work well with others and will bring a spirit of cooperation and collaboration to the position.



CASCADE COUNTY
BOARD APPLICATION

Cascade County Commissioners
RECEIVED

NOV 21 2017



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date 10/20/17

NAME Patrick W. Souza

TELEPHONE (Home) 217-5415 (Work) _____ (Cell) 564-5091 (E-Mail) PSouza931@GMail.com

CURRENT ADDRESS 280 Vaughn N. Frontage Road, Vaughn MT 59487

Previous Public Experience (Elected or Appointed) NONE

Previous Volunteering or County Boards 20+ years volunteering with local fire departments, 4 years as EMT.

Current Volunteering or County Boards None

Current Employer Oreilly Auto Parts

Education some college

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> <u>Vaughn</u> Fire Fee Service Area | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Great Falls Airport Authority | <input type="checkbox"/> Tax Appeal |
| <input type="checkbox"/> DUI Task Force | <input type="checkbox"/> Great Falls Transit | <input type="checkbox"/> Weed Board |
| <input type="checkbox"/> ExpoPark Advisory | <input type="checkbox"/> Historic Preservation Advisory | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Fire District Area | <input type="checkbox"/> Library Trustee | <input type="checkbox"/> Other |

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

I have served and been involved in Fire Service for 20+ years.



Cascade County Commissioners
RECEIVED

CASCADE COUNTY **DEC 29 2017**
BOARD APPLICATION



Please complete this form and return it to the County Commission Office, Room 111 Courthouse Annex, 325 2nd Avenue North, Great Falls, MT. 59401. If you have any questions, please contact the Commission Office @ (406) 454-6810. This application is designed to obtain information as to your interest and qualifications for serving on a County Government Board.

(Please Print or Type)

Date 12-28-17

NAME Harold Allen Vaughan, Jr. (Allen)

TELEPHONE (Home) _____ (Work) _____ (Cell) 406-581-2740 (E-Mail) havsp50@hotmail.com

CURRENT ADDRESS 5 N Manchester RD
Great Falls MT 59404

Previous Public Experience (Elected or Appointed) NA

Previous Volunteering or County Boards ~~NA~~ Church Deacon

Church committee — Church Board Member

Current Volunteering or County Boards NA

Current Employer Self-employed Ag Fertilizers, Inc.

Education High School

Please indicate which of the following Boards/Trustee positions you are interested in.
Mark 1st, 2nd, 3rd choices below.

<input type="checkbox"/> Board of Health	<input checked="" type="checkbox"/> <u>VAUGHN</u> Fire Fee Service Area	<input type="checkbox"/> Planning
<input type="checkbox"/> Compensation	<input type="checkbox"/> Great Falls Airport Authority	<input type="checkbox"/> Tax Appeal
<input type="checkbox"/> DUI Task Force	<input type="checkbox"/> Great Falls Transit	<input type="checkbox"/> Weed Board
<input type="checkbox"/> ExpoPark Advisory	<input type="checkbox"/> Historic Preservation Advisory	<input type="checkbox"/> Zoning Board of Adjustment
<input type="checkbox"/> Fire District Area	<input type="checkbox"/> Library Trustee	<input type="checkbox"/> Other

Please list special experience or education you may have for serving on any of the boards
(Additional information, comments or resume may be added to the back of this form.)

* church deacon, church building committee,
x Church Sunday School Director - Pastor Search
committee.

May 22, 2018

Agenda # 4

Agenda Action Report
prepared for the
Cascade County Commission

ITEM:

**Contract 18-92:
Cascade County DUI Task Force 2018 Annual Plan**

PRESENTED BY:

Joseph Williams, DUI Task Force Coordinator

SYNOPSIS:

The Cascade County DUI Task Force 2018 Annual Plan will be submitted to the Montana Traffic and Safety Bureau of the Montana Department of Transportation in accordance with MCA 61-2-106.

The 2018 Annual Plan effective dates are July 1, 2018- June 30, 2019.

The Cascade County DUI Task Force has the objective of reducing the number of alcohol related traffic incidents through assisting law enforcement, advocating for strict DUI legislature and public education.

The Cascade County DUI Task Force receives funds from the Highway Traffic Safety Office of the Montana Department of Transportation. These funds derive from the \$200.00 driver's license reinstatement fee collected from individuals convicted of DUI within Cascade County. One half of these fees are disbursed through the Traffic Safety Office to the DUI Task Force on a quarterly basis. The other half of the reinstatement fees are deposited in the State general fund. The Task Force's budget must maintain a slightly flexible nature due to the fact the amount collected will vary from quarter-to-quarter and year-to-year. Additionally funding accumulated from counties that do not have DUI Task Forces will be distributed to counties that do. These funds are added to this year's budget and all subsequent budgets as they become available. These funds are added to the other purchases/services budget. Unobligated Task force funds are "rolled over into the next fiscal year's budget and do not revert to Cascade County.

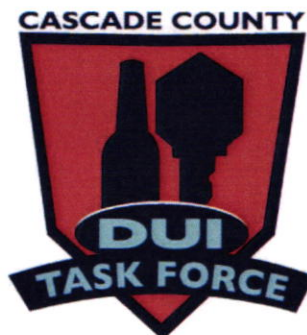
TWO MOTIONS PROVIDED FOR CONSIDERATION

MOTION TO APPROVE:

"I move the Cascade County Commission approve Contract 18-92, Cascade County DUI Task Force 2018 Annual Plan."

MOTION TO DISAPPROVE:

"I move the Cascade County Commission deny Contract 18-92, Cascade County DUI Task Force 2018 Annual Plan."

The Cascade County DUI Task Force's Annual Plan

RETURN TO COMMISSION

1 July 2018 - 30 June 2019

Submitted to the
Montana Traffic and Safety Bureau
Of the
Montana Department of Transportation

In Accordance with MCA 61-2-106

Prepared By:
Joseph Williams, Coordinator

Cascade County DUI Task Force
Great Falls Pre-Release Services, Inc.
1019 15th St. North
Great Falls, MT 59401
(406) 455-9330
Joseph@gfprc.org

Approved:

Board of County
Commissioners
Cascade County, Montana

Jane Weber
Commissioner

Joe Briggs
Commissioner

James Larson
Commissioner

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Task Force members' email addresses	Appendix C
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Vision Statement

To be the dynamic force that impacts responsible driving behaviors

Mission Statement

The Cascade County DUI Task Force works to reduce the number of drug and alcohol-related traffic incidents through public information and education, assisting law enforcement, and legislative advocacy. The goal of the Cascade County DUI Task Force, as depicted in this plan, is to prevent driving under the influence, reduce the number of impaired traffic incidents/crashes in Cascade County, and to educate the public. The corresponding reduction of impaired traffic incident/crashes in our county will lower the economic and psychological costs associated with drug and alcohol-related injuries and deaths.

Performance Measures

The Task Force will strive to accomplish the following actions as noted by the applicable statistics:

- Reduce alcohol-related crashes in Cascade County by one-quarter (1/4) percent, from 25.57 to 25.32 percent crashes.
- Initiate public information and education (PI&E) campaign to educate impaired drivers that if they do drive impaired, they will be detected and if appropriate, apprehended and sentenced.
- Initiate a PI&E campaign to educate minors that if they drive impaired they will be detected, apprehended and sentenced.
- Initiate a PI&E campaign to educate parents of their responsibilities to be positive role models and make and enforce a "Zero Tolerance" rule for their minor's use of alcohol and that if they provide alcohol to underage persons they will be detected, apprehended and sentenced.
- Increase law enforcement's capability to affect DUI and MIP arrests.
- Support Malmstrom Air Force Base's Airman Against Drunk Driving (AADD) program.
- Assist with conducting state approved Responsible Alcohol Sales training as needed.
- Collaborate with the Cascade County Tavern Association to allow patrons a free or subsidized taxi ride home via the Tavern Association's HOME SAFE program.

Evaluation

This plan will be evaluated through a comparison of the numbers contained in the performance measures listed above and the actual statistics obtained from both the Montana Department of Transportation's Traffic Safety Office and local sources.

Program Administration/Coordination

In order to maximize the Task Force's collaborative resources, the Coordinator will continue to be an active partner in other local state organizations and activities which advocate our mission and goal.

Budget Narrative

The Cascade County DUI Task Force receives funds from the Highway Traffic Safety Office of the Montana Department of Transportation. The funds are generated from individuals convicted of impaired driving within Cascade County and who, when legally eligible, pay a \$200.00 driver's license reinstatement fee to the State. One half of the fee is disbursed through the Traffic Safety Office to the DUI Task Force on a quarterly basis. The other half of the reinstatement fee is deposited into the State general fund. Since the amount collected will vary from quarter-to-quarter, the Task Force' budget must remain somewhat fluid. The amount held in reserve will be reviewed on a monthly basis by the Task Force and may be adjusted as necessary. Unobligated Task Force funds are "rolled over" into the next fiscal year's budget and do not revert to the Cascade County.

County and Statewide Crash Data (2007-2016)

Crash Description ----- Impaired Driver Involved

County -----Statewide

Injury Severity	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fatality	125	95	133	107	114	127	136	117	129	128
Serious Injury	420	400	322	308	291	373	333	297	332	297
Other Injury	1343	1239	1087	1077	1050	1106	902	1011	999	1048
No Injury	2186	2273	2308	2143	2140	2088	2077	2162	2265	2166
Unknown/Other	77	124	156	108	318	189	147	152	174	195
Total	4151	4131	4006	3743	3913	3883	3595	3739	3899	3834

Crash Severity	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fatal Crash	113	86	116	92	101	117	116	106	118	111
Serious Injury Crash	309	286	237	231	206	262	227	223	243	217
Other Injury Crash	789	797	712	641	659	703	605	665	659	680
No Injury Crash	1023	1073	1096	1006	1023	1002	1018	1051	1076	1077
Unknown/Other Crash	41	58	51	53	100	66	67	65	78	91
Total	2275	2300	2212	2023	2089	2150	2033	2110	2174	2176

Compare - Impaired Driver Involved/Statewide

All Crash

Injury Severity	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fatality	45%	41%	60%	56%	54%	62%	59%	61%	58%	67%
Serious Injury	29%	30%	29%	31%	30%	33%	30%	31%	33%	36%
Other Injury	18%	17%	17%	18%	17%	17%	15%	16%	15%	16%
No Injury	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
Unknown/Other	6%	7%	8%	6%	10%	10%	8%	8%	8%	9%
Total	9%	9%	9%	9%	9%	9%	8%	8%	8%	8%

Crash Severity	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fatal Crash	45%	41%	58%	56%	54%	61%	57%	60%	58%	65%
Serious Injury Crash	29%	28%	28%	30%	28%	31%	27%	28%	31%	32%
Other Injury Crash	16%	17%	16%	15%	16%	16%	14%	15%	14%	15%
No Injury Crash	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Unknown/Other Crash	22%	13%	12%	17%	9%	25%	20%	17%	17%	20%
Total	10.4%	10.5%	10.7%	10.1%	10.3%	10.9%	10.0%	9.7%	9.7%	9.9%

Information from Montana.gov MDT (2017 information was not made available at the time of this report being made)

In 2015 nationwide, Montana was rated the second worst state to drive in due to our high DUI/impaired driving rate. Our neighboring state North Dakota was ranked as number one. This year to date, according to the Montana Department of Transportation, the number of highway fatalities in Montana is thirty three (29) compared to fifty (33) in 2017. Statistical information over a period of years indicates that half of all fatalities in Montana are alcohol related. Although most of the counties in Montana now have a DUI Task Force in place and although there are other like-minded agencies putting out information regarding the terrible consequences of impaired driving, much more is needed. The key is tougher legislation in regards to impaired driving. New Mexico was at one time one of the worst states when it came to impaired driving. Their legislature finally decided it was time to do what was right and pass legislature keying in on three things. The first was occupancy protection (seat belt use). The second was impaired driving, and the third was off-road departures. Their program has been highly successful and is now a model the Montana Department of Transportation is adopting called "Vision Zero". The key to its success here in Montana is funding and tougher impaired driving laws, all coming from the legislature.

Cascade County Overview

Cascade County rests in the central section of the state and is one of the "Big Nine" largest populated counties with an estimated 82,384 residents according to the U. S. Census Bureau estimate.

Malmstrom Air Force Base (AFB) sits just east of Great Falls and lies within Cascade County. With the youngest average-aged population of all Air Force bases, Malmstrom AFB poses a unique situation, not unlike a college campus. Young airmen, many away from home for the first time, tend to experiment with alcohol which, in turn, results in increased traffic crashes and minors-in-possession of alcohol (MIP-A). Fortunately, the DUI Task Force enjoys an outstanding relationship with the base's senior leadership and works hand-in-hand to reduce and mitigate the effects of alcohol-related traffic incidents. Both the AFY and Malmstrom are active members of our Task Force and a symbiotic relationship exists which allows the three organizations to complement one another.

Alcohol-related vehicle accidents, fatalities and injuries have generally decreased over time with some anomalies. It is the hope of the DUI Task Force that a combination of factors has contributed to the reduction in the incidence of driving impaired, but proof is inconclusive. The DUI Task Force continues to utilize educational measures (radio, print, social media, DUI website, and television ads); incentives (awards); and support to law enforcement for application of the laws relating to "driving under the influence" to affect change. Note the data below:

Alcohol-related traffic crashes in Cascade County have lowered since 2009. In 2016, there were 10 more crashes reported than the previous year.

2010 Crashes	2011 Crashes	2012 Crashes	2013 Crashes	2014 Crashes	2015 Crashes	2016 Crashes
170	148	93	69	64	84	94

Since 2011, fatality rates have risen fairly dramatically. In 2016 there was 1 less fatalities than in 2015.

2010 fatalities	2011 fatalities	2012 fatalities	2013 fatalities	2014 fatalities	2015 fatalities	2016 fatalities
2	6	7	10	15	10	9

Since 2011, alcohol related injuries have lowered. In 2016 there were the same number injuries reported as 2015.

2012 Injuries	2013 Injuries	2014 Injuries	2015 Injuries	2016 Injuries
93	69	30	45	45

Cascade County has 233 licensed establishments, which based on county population, is approximately 349 persons for every liquor license.

Cascade County continues to be challenged with:

Illegal alcohol sales:

--Over-service of alcohol to persons 21 and older (sales to persons exhibiting obvious signs of intoxication).

--Sales to persons under 21 years of age.

- Minors in possession of alcohol (MIPs).
- Repeat DUI offenders.
- High average BAC rate.

Task Force Statistician

The Cascade County DUI Task Force will gather, compile and report DUI arrests, convictions and their corresponding sentences to the Task Force in accordance with MCA 61-2-106(4). This requirement continues to be a daunting one however in as much as tracking nearly 500 DUI arrests and sentences and then navigating the complex maze of the different types of convictions that are adjudicated from the seven different courts in the county is lengthy and time consuming.

Cascade County DUI Arrests

There were 972 DUI arrests in 2006, 689 DUI arrests in 2007, 637 in 2008, 613 in 2009, 545 in 2010, 498 in 2011, 372 in 2012, 308 in 2013, 331 in 2014, in 2015 there were 349 arrests, and in 2016 there were 319 arrests. This year in 2017, there were 334 DUI arrests in Cascade County, 15 DUI's more than last year. The number of DUI arrests in 2017 by agency is as follows: MHP- 148; CCSO-22; GFPD-167; and MAFB-0. There is no specific indicator as to why there was a 15 DUI arrest increase from 2016-2017. According to local law enforcement officials, DUI enforcement is vigorously pursued here in Cascade County. But, because there is no system to determine why someone did not drive impaired or chose to do so is an ever changing decision for many people regardless to the efforts of the Task Force to educate drivers as well as increasing law enforcement visibility. On Malmstrom Air Force Base, there were 205 "saves" in 2016 compared to the 249 in 2015, 166 in 2014 and 208 "saves" in 2013. The information regarding 2017 has yet to be completed however they have reported 62 saves from January to July, which is 80 lower than the same time from for 2016. The term "saves" means airmen who contacted "on-call" airmen for a safe ride home from an alcohol related outing.

Cascade County DUI Convictions

The Cascade County DUI Task Force has collected, compiled and printed the results of persons convicted of DUI and their sentences. Since the spread sheet report is lengthy the Task Force will make the report available to interested persons upon request to the Coordinator.

Cascade County Breath Test Refusal Rate

In 2012 46.8 percent, respectively, of drivers stopped by law enforcement officers for suspected impaired driving in Cascade County refused to supply a requested breath/blood test to determine their blood alcohol content (BAC). In 2013 it was 49.3 percent, in 2014, 38.8 percent of drivers stopped refused to test, in 2015 the percentage was 36.7 percent, and in 2016 the percentage was 36.8 percent. This year (2017), the percentage of drivers stopped and refused to provide a breath test was 36.1 percent. According to Montana Code, Montana has an "implied consent" law that says, "A person who operates or is in actual physical control of a vehicle upon ways of this state open to the public is considered to have given consent to a test or tests of the person's blood or breath for the purposes of determining any measured amount or detected presence of alcohol or drugs in the person's body." There is a provision (some call it a loophole) in the law that says, "If an arrested person refuses to submit to one or more tests requested and designated by the officer as provided in subsection (2) the refused test or tests may not be given ... " MCA 61-8-(4).

Drivers who "know the system" refuse to provide a breath/blood sample and also refuse to perform standard field sobriety tests. The resulting lack of hard evidence that a potential crime (DUI) may have been committed directly impacts the officer's ability to articulate to a prosecutor, and hence a jury, the level of impairment of the suspected impaired driver. The Montana legislature passed a law which allows law enforcement officers to request a warrant to take the blood of persons who have previously refused to provide a breath/blood sample as well of individuals convicted of or have a pending offense of a second or subsequent DUI according to MCA 61-8-402(5).

Cascade County's Average BAC

In 2012, Cascade County had an average BAC level 0.164, in 2013 the average BAC was 0.174, in 2014 the average BAC was 0.179 in 2015 the average BA level was 0.162 (more than which double the legal limit for intoxication) in 2016 the average BAC was .146 (no longer more than twice the legal limit). This year (2017), the average BAC level was 0.119, which is still high but a marked improvement.

Persons arrested for DUI in Cascade County have high average BAC levels indicating there are many drivers who, after drinking, do not have someone (spouse, friend, and bartender) to intervene. Although there is a solid education program in Cascade County regarding responsible alcohol sales and service for sellers and servers (Let's Control It Program), the issue of over-serving may still be a factor in BAC levels. Additionally, more of the population is purchasing packaged alcohol and consuming it in locations where there are not any limitations to their intake such as private parties, camping, in their own homes, etc. which greatly relates to higher BAC levels.

CCSO	4	5
GFPD	18	16
MAFB	0	0
OTHER	1	0
TOTAL DUI ARRESTS	34	30

DUI STATISTICS FOR July 2017-June 2018

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
DUI ARRESTS BY AGENCY													
MHP	16	14	12	9	15	16	9	14					105
CCSO	2	2	1	1	0	1	0	0	0				7
GFPD	12	6	10	12	12	20	10	18	9				109
MAFB	0	0	0	0	0	0	0						0
OTHER	0	0	0	0	0	0	0						0
TOTAL DUI ARRESTS	30	22	23	22	27	37	19	32	9	0	0	0	221

DUI STATISTICS FOR July 2016-June 2017

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
DUI ARRESTS BY AGENCY													
MHP	18	11	11	6	12	9	14	18	12	11	6	5	133
CCSO	1	1	1	2	0	2	1	2	3	1	2	6	22
GFPD	18	11	14	11	11	7	12	18	8	22	19	13	164
MAFB	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL DUI ARRESTS	37	23	26	19	23	18	27	38	23	34	27	24	319

DUI STATISTICS FOR July 2015-June 2016

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
DUI ARRESTS BY AGENCY													
MHP	14	9	13	18	6	7	20	17	13	12	10	6	145
CCSO	5	2	1	5	4	3	3	2	3	2	1	0	31
GFPD	8	15	16	10	14	13	19	13	23	17	14	13	175
MAFB	0	0	0	2	2	0	0	0	0	0	0	0	4
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL DUI ARRESTS	27	26	30	35	26	23	42	32	39	31	25	19	355

DUI STATISTICS FOR July 2014-June 2015

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
DUI ARRESTS BY AGENCY													
MHP	11	9	9	9	6	8	11	10	8	8	11	11	111
CCSO	4	5	5	4	5	4	3	3	2	6	4	4	49
GFPD	18	16	17	17	11	9	16	12	21	22	17	12	188
MAFB	0	0	0	0	0	0	0	1	0	0	0	0	1
OTHER	1	0	0	0	0	0	0	0	0	0	0	0	1
TOTAL DUI ARRESTS	34	30	31	30	22	21	30	26	31	36	32	27	350

DUI Arrests: Break Down by Age/Gender July 2017-June2018

Age Range	Male	Female	Total
Under 18	0	0	0
18-20 yrs.	3	0	3
21-25 yrs	12	1	13
26-30 yrs.	9	3	12
31-35 yrs.	2	2	4
36-40 yrs.	6	2	8
41-45 yrs	4	3	7
46-49 yrs.	2	2	4
50+ yrs.	17	4	21
GRAND TOTAL:	55	17	72

These numbers are not an actual number. I do not receive ages from certain places so they are not accounted for.

DUI Arrests: Break Down by Age/Gender July 2016-June2017

Age Range	Male	Female	Total
Under 18	0	0	0
18-20 yrs.	3	1	4
21-25 yrs	22	8	30
26-30 yrs.	21	5	26
31-35 yrs.	20	6	26
36-40 yrs.	15	2	17
41-45 yrs	11	3	14
46-50 yrs.	7	0	7
50+ yrs.	23	14	37
GRAND TOTAL:	122	39	161

These numbers are not an actual number. I do not receive ages from certain places so they are not accounted for.

DUI Arrests: Break Down by Age/Gender July 2015-June2016

Age Range	Male	Female	Total
Under 18	0	0	0
18-20 yrs.	4	3	7
21-25 yrs	29	7	36
26-30 yrs.	11	5	16
31-35 yrs.	8	3	11
36-40 yrs.	7	8	15
41-45 yrs	7	3	10
46-50 yrs.	2	1	3
50+ yrs.	24	7	31
GRAND TOTAL:	92	37	129

BAC Chart July 2017-June 2018	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Totals
# BAC tests given	4	0	0	0	2	0	0						6
# Refused	1	4	0	0	0	0	1						6
# DUI blood draw	25	18	13	22									78
Average BAC	0.153	0	0	0	0.222	0	0						0.0536

BAC Chart July 2016-June 2017	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Totals
# BAC tests given	3	2	5	2	3	2	5	6	3	3	2	5	41
# Refused	5	2	1	1	0	1	3	1	2	3	0	3	22
# DUI Drug / Search Warrant	28	19	21	16	20	15	19	31	18	28	25	16	256
Average BAC	0.157	0.136	0.105	0.163	0.196	0.111	0.219	0.124	0.179	0.178	0.15	0.214	0.161

BAC Chart July 2015-June 2016	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Totals
# BAC tests given	9	12	16	16	10	6	11	4	5	7	4	0	100
# Refused	8	11	6	8	7	6	7	3	6	2	0	0	64
# DUI Drug / Search Warrant	10	4	8	10	8	11	23	26	22	18	20	19	179
Average BAC	0.138	0.158	0.163	0.163	0.168	0.159	0.186	0.174	0.187	0.182	0.158	0	0.153

BAC Chart July 2014-June 2015	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Totals
# BAC tests given	14	30	15	13	18	14	11	11	10	19	16	9	180
# Refused	7	5	10	11	11	7	5	3	3	7	12	8	89
# DUI Drug / Search Warrant	13	10	5	8	4	7	9	11	18	10	4	10	109
Average BAC	0.16	0.163	0.125	0.171	0.171	0.172	0.176	0.165	0.182	0.16	0.173	0.138	0.163

BAC Chart July 2013-June 2014	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Totals
# BAC tests (total)	10	20	17	29	9	28	8	7	15	25	29	11	208
# Refused	15	11	14	12	8	20	13	13	14	11	10	13	154
Average BAC	0.186	0.182	0.156	0.195	0.149	0.175	0.185	0.185	0.168	0.167	0.176	0.127	0.171

SENTENCING MISD. DUI July 2017-June 2018

DUI CITATIONS BY MHP:	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
DUI CONVICTIONS	6	3	0	3	4	4	2						22
DUI PER SE CONVICTIONS	1	5	3	5	8	1	4						27
DUI AGGRAVATED (61-8-465)	0	0	0	0	0	0	0						0
DUI DRUG DRIVING CONVICTION	0	0	0	1	0	1	0						1
DUI Drug Driving Dismissed	0	0	0	1	0	0	0						1
DUI DISMISSED	2	4	0	1	2	0	1						10
DUI TRANSFERRED	1	2	0	1	2	1	1						8
DUI NOT GUILTY	0	0	0	0	0	0	0						0
DUI .02 CONVICTIONS	1	0	0	0	0	0	0						1
DUI .02 DEFERRED	0	0	0	0	0	0	0						0
DUI .02 DISMISSED	0	0	0	0	0	0	0						0
DUI CITATIONS BY CCSO:	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTALS
DUI CONVICTIONS	1	1	0	0	1	2	0						5
DUI PER SE CONVICTIONS	0	0	0	0	1	1	0						2
DUI AGGRAVATED (61-8-465)	0	1	0	0	0	0	0						1
DUI DRUG DRIVING CONVICTION	0	0	0	0	0	0	1						0
DUI Drug Driving Dismissed	0	0	0	0	0	0	0						0
DUI DISMISSED	0	0	0	0	0	0	0						0
DUI TRANSFERRED	0	1	0	0	0	0	0						1
DUI NOT GUILTY	0	0	0	0	0	0	0						0
DUI .02 CONVICTIONS	0	0	0	0	0	0	0						0
DUI .02 DEFERRED	0	0	0	0	0	0	0						0
DUI .02 DISMISSED	0	0	0	0	0	0	0						0
DUI CITATIONS BY GFDP:	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTALS
DUI CONVICTIONS	8	4	10	4	8	8	10	7					59
DUI PER SE CONVICTIONS	8	12	5	3	8	2	6	4					48
DUI AGGRAVATED (61-8-465)	1	0	1	1	1	1	1	1					7
DUI DRUG DRIVING CONVICTION	0	0	0	0	0	0	0	0					0
DUI Drug Driving Dismissed	0	0	0	0	0	0	0	0					0
DUI DISMISSED	2	1	0	0	1	1	1	0					6
DUI TRANSFERRED	1	0	0	0	1	1	1	0					4
DUI NOT GUILTY	0	0	0	0	0	0	0	0					0
DUI .02 CONVICTIONS	0	0											0
DUI .02 DEFERRED	0	0											0
DUI .02 DISMISSED	0	1*											0
DUI DEFERRED	0	0	0	0	0	0	0	0					0

ACTIONS THE DUI TASK FORCE WILL TAKE

FOCUS: REDUCE ALCOHOL-RELATED CRASHES.

PROBLEM: In 2010 the alcohol-related crash rate decreased 1.1 to 7.3 and decreased again in 2011 to 6.9. There was a 25.8 decrease in alcohol related crashes from 2012 to 2013. In 2012, there were 93 alcohol related crashes while only 69 in 2013. Law enforcement agencies arrested 372 drivers for DU I in 2012 and 308 drivers in 2013. In 2012, there was an average of 31 arrests per month, while in 2013 the average was 26 per month. An increase in the amount of arrests in 2014 was 29 per month, 3 more arrests than the previous year.

METHOD: Use various media to disseminate information and education that driving impaired is not legal or socially acceptable and that alternative methods of transportation are available for little or no cost to the drinker verses the costs associated with a DUI.

PROCESS: Continue and increase public information & education (PI&E) campaigns in the local agencies such as writing and submitting monthly "Letters to the Editor" regarding DUI related topics, television stations, radio stations, social media, in the Cascade County DUI Task Force stand-alone website, local high school newspapers including the CMR Stampede and the GFH INIWA and Belt High School Valley Voice. Display the MHP Trooper Haynes' destroyed patrol vehicle during the Montana State Fair and provide demonstrations to the public on different levels of intoxication using "drunk goggles".

TIMELINE: Ongoing throughout the year and during the Montana State Fair week.

PROCESS: Develop specific high visibility public service announcements in conjunction with historically alcohol-related holidays such as Christmas, New Years, and other national events such as the Super Bowl. Messages will emphasize the dangers of impaired driving, personal responsibility, and calling 911 when appropriate and using designated drivers.

TIMELINE: To be started prior to each historically alcohol-related holiday and national event.

METHOD: Expand the methods of broadcasting PI&E to the general public and Task Force presence.

PROCESS: Maintain a stand-alone website with a mobile friendly platform and social media integration capable of showing up to date content with ability to post pictures, video and audio.

TIMELINE: To be maintained and updated as needed during the fiscal year 2018-2019.

METHOD: Include a "catch phrase" along with the Task Force LOGO to evoke a thought or emotion to NOT drink or drive impaired.

PROCESS: The "catch phrase" will be inclusive with all Task Force correspondence, advertising and banner displays.

PROCESS: Have Cascade County DUI Task Member pins made and wear them at all events DUI Task Force members attend.

METHOD: Expend additional funding to purchase/upgrade outdated DUI related equipment used to identify DUI offenders and prosecution of offenders.

PROCESS: Have Task Force members identify those areas additional funding should be applied towards and vote on recommendations.

TIMELINE: Ongoing throughout the year.

METHOD: Expend additional funding in two areas:

1. Towards training of Task Force members and law enforcement personnel to better perform their duties in curbing our County's DUI rates.
2. Additional funding toward paying overtime hours to law enforcement personnel to do after-hours compliance checks.

PROCESS: Have Task Force members identify and vote on recommendations brought before them.

TIMELINE: To be accomplished during the fiscal year 2018/2019.

METHOD: The Task Force Coordinator will, by invitation of the 3418t Missile Wing Commander, attend and actively participate in the Wing's Community Action Information Board (CAIS) which focuses on preventing unhealthy actions of Air Force personnel and family members.

PROCESS: Attend and provide input from the Cascade County DUI Task Force.

TIMELINE: Quarterly meetings at Malmstrom AFB.

METHOD: The Task Force will strongly emphasize the Airman Against Drunk Driving (AADD) program on Malmstrom AFB before holidays and other national sporting events through the Task Force's AADD representatives.

PROCESS: This emphasis will be accomplished via the base newspaper, THE GUARDIAN, the base magazine HeadsUP, Malmstrom's television channel, social media and face-to-face briefings.

TIMELINE: Before holidays and national sporting events.

FOCUS: YOUNG DRIVERS/ILLEGAL DRINKERS.

PROBLEM: Young adult drivers (ages 18-24) continue to be significantly over represented in alcohol-involved crashes.

METHOD: Raise awareness and the need for intervention in a drinker's spouse, significant others and friends.

PROCESS: Develop a PI&E campaign to address the need of spouses, significant others and friends to intervene to prevent impaired/drunken drivers from getting behind the wheel.

TIMELINE: To be done throughout the year as the Task Force determines.

METHOD: PI&E to teenagers.

PROCESS: Develop a PI&E campaign that targets underage drinkers. The Task Force will develop, in conjunction with high school students and distribute monthly, school newspaper ads which extol the benefits of being alcohol and drug-free as well as the consequences of illegal use of alcohol and drugs. Additionally, the Task Force will provide articles to discourage underage drinking for insertion into school newspapers.

TIMELINE: To be done monthly during the school year and just prior to graduation.

PROCESS: The Task Force will advertise at each high school in the county and with local media and Cascade County DUI Website the availability of three scholarships of \$500.00 to graduating students who have demonstrated their involvement, via letter to the Task Force, in some aspect of how alcohol has affected themselves or a family member and what he/she did to avert becoming involved with alcohol.

TIMELINE: To be advertised 3 months prior to graduation/awards ceremony.

PROCESS: The Task Force will develop and distribute PROMise cards to remind prom goers to make the most important choice that night to be alcohol and drug-free.

METHOD: The Task Force will get a local printer to print 750 of the cards free of charge and Task Force members will distribute them to all the schools in the county so that when students buy their prom tickets, the sellers will also give a PROMise card to the students. Additionally, some flower and tuxedo shops will also attach them to the flower boxes and tux covers so the students will see them when they pick up their flowers and tuxedos.

TIMELINE: To be done just prior to proms.

METHOD: PI&E to parents regarding their parental responsibilities concerning their children's use of alcohol, how and where they obtain it and how to help eliminate access.

PROCESS: Continue the PI&E campaign that targets educating parents of minors on advocating talking to their kids about alcohol use/abuse. The information will include the methods minors use to get alcohol, such as using fake, altered or some other person's ID card, third party sales and stealing from the Parents' own alcohol supply. Information, both verbally and printed pamphlets, will be presented by the community service coordinator and his assistant during the time when teens convicted of alcohol possession and their parents sign up to do their court ordered community service.

TIMELINE: Will be done on an every time as teens and their parents appear for signing up to do community service.

METHOD: PI&E to teens and parents the necessity of initiating a dialog regarding the teens refusing to drink and securing a safe ride home from the parent and that the parent will also not get behind the wheel and drive after he/she has been drinking.

PROCESS: The Task Force will provide approximately 400 "Contracts of Choice" to teens and parents when they and their teen sign up for court ordered community service. Additional Contracts will be distributed during the annual health fair. The Contract stipulates that the teen will, communicate their positive values pertaining to alcohol/illicit drug use, and set a good example for non-use to friends and family. The teen also agrees to call the parent or guardian for *advice* or a ride home wherever illegal drinking or drug use is occurring. The parent or guardian agrees to communicate clear rules and expectations about alcohol and illicit drug use, explain risk and dangers of using, and by setting a good example to their children. The parent or guardian also agrees to respond at any hour, to any place with no questions asked or will pay for a taxi home if their teen ever calls for a ride home in order to leave a situation involving illegal drinking or illicit drugs is taking place. The parent or guardian also agrees to seek safe, sober transportation home if they themselves are ever in a situation where he/she has had too much to drink. As the Task Force Coordinator is also the Community Service Coordinator for the courts, he enrolls all teens that are convicted of minor-in-possession of alcohol and are required to perform community service into the community service program. At that time he or his assistant explains the "Contract of Choice" to both the parent and teen and the reasons they should both sign it. The MIP-A Law is also explained to them, how it applies to them, and what they must do to avoid violating the MIP-A Law. In May 2015, 2,844 information letters and "Contracts of Choice" were sent to every 8th, 9th, 10th, 11th and 12th graders. More will be sent to every 7th and 8th graders in the fall at the beginning of the school year. This will happen every school year from now on.

TIMELINE: Will be done on an almost daily basis as teens and their parents appear for signing up to do community service.

PROCESS: The Task Force collaborates with the Great Falls Public School District's Office and the Alliance for Youth's MIP-Alcohol Task Force. Statistics indicate there are numerous school-aged drinkers who are not complying with their sentences regarding completing an alcohol education course.

TIMELINE: On a monthly basis during the school year.

PROCESS: Collaborate with local groups, primarily through Gateway Recovery. A Task Force member is a Gateway Recovery Prevention Specialist. She will initiate and conduct alcohol and drug education programs in Cascade County schools.

PROCESS: The Task Force will advocate to parents the Social Host message to not serve alcohol to teens during graduation parties.

METHOD: When a Task Force member presents a scholarship award to a teen during a school award ceremony, the member will speak to the assembled audience and the teens to not serve or consume alcohol at graduation parties. The Task Force will assist the Alliance for Youth with the "Sticker Shock" campaign by attaching a message to beer containers promoting non-sales to minors. Social media will be used to help promote the social host message.

METHOD: The Coordinator will write a letter to local media essentially warning parents who may be thinking of hosting a graduation party to not serve or allow any alcohol to be consumed as there would be potentially catastrophic consequences such as crashes, deaths and law suits.

TIMELINE: One to two weeks prior to graduation.

CONTRACT OF CHOICE

A DECISION TO LIVE ABOVE THE INFLUENCE



As a student, I will . . .

Please check the boxes below

- ☐ Communicate my positive values about alcohol and illicit drug use to my friends and family.
- ☐ Talk often with my parents about the risks and dangers of alcohol and drug use.
- ☐ Talk to my parents about their rules and expectations on alcohol and drug use.
- ☐ Set a good example for my friends by not using alcohol.
- ☐ Set a good example for my friends by not using prescription medicine not prescribed to me.
- ☐ Set a good example for my friends by not using marijuana.
- ☐ Party the right way!

As a teenager, I agree that if I am ever faced with a situation where illegal drinking or drug use is occurring, I will call you for advice and/or a ride home at any hour from any place, or any situation where my safety may be in jeopardy. I will wear and comply with seat belt laws. I have discussed this contract with you and fully understand your expectations regarding my involvement with underage drinking and the use of illegal drugs.

My pledge to you and myself,

Signature of Teenager

Date

As an adult and/or guardian, I will empower youth by . . .

Please check the boxes below

- ☐ Setting and communicating clear rules and expectations about alcohol and illicit drug use to my children and youth in my life.
- ☐ Talking often with my children and youth in my life about the risks/dangers of alcohol and drug use.
- ☐ Setting an example by: 1) never using illegal drugs or prescription medicine not prescribed to me and 2) drinking alcohol responsibly.
- ☐ Never providing alcohol/illicit drugs to youth; nor allowing youngsters to drink alcohol or use drugs on my property.
- ☐ Communicating positive values, and encouraging my family and friends to follow these same guidelines.

As a parent or guardian, I agree to come and get you at any hour, at any place without asking questions or arguing with you. If I cannot personally transport you, I will pay for a taxi to bring you safely home. We will discuss the situation at a later time. I agree to always seek safe, sober transportation if I am ever in a situation where I have had too much to drink or my safety is in jeopardy. I will also wear and comply with seat belt laws.

My pledge to you and myself,

Signature of Adult and/or Guardian

Date

❧ Please Post this Contract on your Refrigerator as a reminder ❧

PROCESS: The Task Force will support and assist law enforcement when they conduct underage alcohol compliance checks.

METHOD: The Task Force will provide whatever support law enforcement needs such as funds for overtime hours, mailing and postage funds to notify establishments of alcohol sales training classes and any other support they may need.

TIMELINE: As the police department conducts compliance checks and schedules classes throughout the year.

FOCUS: REDUCE THE NUMBERS OF IMPAIRED PERSONS LEAVING ESTABLISHMENTS THEN DRIVING.

PROBLEM: Persons who patronize licensed establishments who may be under the influence of alcohol should have means available for safe transportation home.

METHOD: Continue support for establishments and organizations.

PROCESS: Support "Home Safe" .an alternative transportation program utilizing the local taxi company and sponsored by the Cascade County Tavern Association for impaired patrons by contributing funds not to exceed \$3000. "Home Safe" is an organization that is partially sustained with annual membership fees paid by licensed establishments and distributors who subscribe to the service. The Task Force will react to monetary requests from the Tavern Association for taxi rides.

TIMELINE: As requests for funds are received.

FOCUS: INCREASE LAW ENFORCEMENT CAPABILITIES AND VISIBILITY.

PROBLEM: Cascade County law enforcement agencies (MHP, CCSO, GFPD, MAFB and Adult Probation and Parole) have limited budgets with which to purchase and repair DUI enforcement related equipment and supplies.

METHOD: Increase capabilities and visibility of local law enforcement agencies which in turn will help them to more efficiently detect, stop and arrest drunk drivers and underage drinkers.

PROCESS: React to law enforcement agencies' requests for initial purchases and reimbursements of equipment, and supplies used in DUI and Minor-in-Possession (MIP) of alcohol enforcement and prevention activities.

TIMELINE: Usually monthly as law enforcement agencies present requests to the Task Force.

PROCESS: Recognize the law enforcement officers through a formal, annual recognition program to let them know they are appreciated and are making a difference in reducing drunk/impaired driving. The Task Force will solicit an individual from each of the five law enforcement agencies within Cascade County; Great Falls Police Department, Cascade County Sheriffs Office, Montana Highway Patrol, Malmstrom AFB Law Enforcement, Adult Probation & Parole Bureau, and a city and a prosecutor from the City or County Attorney's Office. Gifts will be donated from local merchants as well as plaques from the Task Force. The spouses/significant others will also be recognized for their support of the honoree. News media will be invited and a press release will be developed and distributed which explains the reason for the ceremony and why the honorees were selected.

TIMELINE: Annually during the month of May Task Force Meeting.

FOCUS: EDUCATE ALCOHOL SELLERS, SERVERS AND LICENSE HOLDERS OF THE LAWS REGARDING ILLEGAL ALCOHOL SALES.

PROBLEM: Many sellers, servers and license holders do not have a clear understanding of the laws and legal implications when they sell to under age persons or violate other liquor laws.

METHOD: Provide any state approved responsible alcohol sales training sessions to educate approximately 2,000 clerks, bartenders, license owners, managers and other purveyors of alcohol. Provide written materials for reference regarding ID cards and drivers licenses.

PROCESS: Support and promote compliance with Montana liquor laws by assisting with state approved Responsible Alcohol Sales training sessions. The sessions are designed to teach participants alcohol laws, merchant liability, effective store policies and how to identify fake ID's. The class utilizes instructors trained by the Montana Department of Revenue and who have unique perspectives and a Montana Department of Revenue Power Point presentation. Handouts include booklets on *Responsible Alcohol Sales* and brochures on Montana's DUI and MIP laws. Additional free items such as handouts showing how to detect fake ID's, posters, cold case decals, and "No ID - No sale" buttons are provided courtesy of the Task Force, Gateway Recovery and GFPD.

TIMELINE: Approximately every 6 months.

PROCESS: The Task Force will provide, usually during state approved Responsible Alcohol Sales training sessions, free to licensed establishments, 50 of the latest edition of the ID CHECKING GUIDE. The guides show each state's ID cards and driver's licenses as well as Canadian and U.S. Federal Identification cards. The guides cost the Task Force \$17.15 each but the Task Force feels it is a small price to pay to help purveyors of alcohol avoid illegal alcohol sales.

TIMELINE: When requested by managers and license holders of licensed establishments and during state approved Responsible Alcohol Sales training sessions.

METHOD: The Task Force has and will continue to award "KUDO" cards to purveyors of alcohol when a Task Force member sees a purveyor demonstrates an effort to properly "card" individuals or otherwise determine compliance with the law.

PROCESS: Task Force members have "KUDO" cards in their possession and when observing a purveyor complying with the law will tell the purveyor they have done a good job and issue them a card. Additionally referrals from the City Attorney regarding persons who called 911 to report drunk drivers which resulted in a conviction or guilty plea will also receive a gift card. The card has the Coordinator's name and phone number to call and when makes contact, the Coordinator Will present a \$10.00 gift card to the purveyor to use at over 90 locations in Great Falls.

TIMELINE: Ongoing throughout the year.

METHOD: The Task Force will partner with local law enforcement during compliance checks

PROCESS: The Task Force will provide KUDO cards to law enforcement to present to establishments that pass the compliance checks. All individuals presented the KUDO Card for passing the compliance checks will notify the DUI Coordinator for a gift certificate to be spent in the local community.

TIMELINE: Coordination will be done prior to the start of each compliance check.

Projected Cascade County DUI Task Force Budget

1 July 2018 - 30 June 2019

Salaries/Wages	
Employer Contributions	
IT Supplies _____	\$100.00
Operating Supplies	\$800.00
Enforcement Supplies	\$2,730.00
Publicity	\$4,000.00
Internet	\$504.00
Professional Services	\$1,000.00
Audit Fee	\$45.00
Coordinator	\$9,600.00
Scholarships	\$1,500.00
Other purchases/services	\$7,221.00
TOTAL	\$27,500.00

ESTIMATED REVENUE FROM DUI REINSTATEMENT
FEES: \$24,000.00

2017-2018 Budget:

Salaries/Wages	
Employer Contributions	
IT Supplies _____	\$300.00
Operating Supplies	\$800.00
Enforcement Supplies	**\$2,729.50
Publicity	\$4,000.00
Internet	\$504.00
Professional Services	\$1,000.00
Audit Fee	\$45.00
Coordinator	\$9,600.00
Scholarships	\$1,000.00
Other purchases/services	\$2,800.00
TOTAL	\$22,778.50

-An additional \$378.50 more was added to Enforcement Supplies.

(HB-132)

Appendix A

Task Force Members' Contact Information

Ted Szudera 455-2376 Benefis Health Systems 500 15th Ave S. Great Falls MT 59405	Joe Cik 455-8478 Asst. City Attorney South Park Drive Rm 101 PO Box 5021 Great Falls, MT 59403	Vince Kyle 454-3360 Cascade County Tavern Assoc. 2821 4th Ave N Great Falls, MT 59401
Barbara Bessette 771-5016 Gateway Recovery 26 4th St N Great Falls, MT 59401	Carolyn Mattingly 454-6904 Deputy County Attorney 121 4th St N. Suite 2A Great Falls, MT 59401	Trooper Dan Arnold 453-1121 812 14th St N Great Falls, MT 59401
Capt. Jeff Newton 455-8413 PO Box 5021 Great Falls, MT 59403	Deputy Travis Grove 454-8091 3800 Ulm N. Frontage Rd Great Falls, MT 59404	SRA DAVID ALLEY 731-2710 AADD 3410SS/OSW Malmstrom AFB, MT 59404
Jody Murray 268-6770 Prevention Specialist Great Falls Public Schools Great Falls, MT 59405	Lisa Meyers 727-3065 1019 15 th ST N. Great Falls, MT 59401	Darren Brown Greatfalls Citizen Member
Jim Whitaker 761-6676 4020 5 th Ave S Great Falls, MT 59405	Wayne Bye 268-3219 Adult Probation & Parole Officer 219 5 th St S. Suite A Great Falls, MT 59405	Shellie Babinecz Great falls Pre-release Rep. 1019 15 th st N Great Falls MT. 59401
Joseph Williams 455-9330 Coordinator 1019 15th St N Great Falls, MT 59401	Ronald L Yates Greatfalls Citizen Member	
Jim Larson 454-6814 County Commissioner 325 2 nd AveN Great Falls, MT 59405	Mark Hewitt 731-4451 341 Med group Malmstrom AF	

AppendixB

Task Force Member's E-mail Addresses

NAME:	E-MAIL ADDRESS:
Jim Larson	jl Larson@cas cadecountymt.gov
Joseph Williams	joseph@gfprc.org
Barbara Bessette	barbarab@gatewayrecovery.org
Wayne Bye	WBye@mt.gov
Joe Cik	joecik@greatfalls.net
Jim Whitaker	whitaker08@gmail.com
Ted Szudera	tedsadera@bebefis.org
Jody Murray	jody_murray@gfps.k12.mt.us
SSgt John Heffington	jheffington@gmail.com
Capt. Jeff Newton	jnewton@greatfallsmt.net
Vince Kyle	cckyle@bresnan.net
Carolyn Mattingly	cmattingly@cas cadecountymt.gov
Trooper Dan Arnold	darnold@mt.gov
Deputy Travis Grove	tgrove@cas cadecountymt.gov
Lisa Meyers	hikinglacier@bresnan.net
Mark Hewitt	mark.hewitt.5@us.af.mil

Appendix C

DUI TASK FORCE MEETING SCHEDULE

<div>July 2018</div> <table><tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr><tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr><tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr><tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr><tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr></table>	Su	Mo	Tu	We	Th	Fr	Sa	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					<div>August 2018</div> <table><tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr><tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr><tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr><tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr></table>	Su	Mo	Tu	We	Th	Fr	Sa				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		<div>September 2018</div> <table><tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr><tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr><tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr><tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr><tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Su	Mo	Tu	We	Th	Fr	Sa							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
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PASSED AND ADOPTED THIS 22nd DAY OF MAY 2018

Contract 18-92

BOARD OF COUNTY COMMISSIONERS
CASCADE COUNTY, MONTANA

Jane Weber, Chairman

Joe Briggs, Commissioner

James L. Larson, Commissioner

Attest

Rina Fontana Moore,
Cascade County Clerk and Recorder

May 22, 2018

Agenda #5

Agenda Action Report
prepared for the
Cascade County Commission

ITEM:

Public Hearing:

Community Development Block Grant Needs Assessment

PRESENTED BY:

Mary K. Embleton - Budget Officer/Grants Coordinator

It is a requirement of the Montana Department of Commerce's Community Development Block Grant Program that all entities eligible for funding under these programs hold a Community Development Needs Assessment Public Hearing each year. Public notice of this hearing was given by posting in various locations throughout Cascade County and notifying partner organizations such as NeighborWorks, Great Falls Development Authority, and Sweetgrass Development Corporation as well as several engineering firms currently working with eligible entities. Cascade County also notified various district boards, such as Water and Sewer Districts, Fire Districts, and School Districts. The mayors of Belt, Cascade, and Neihart were notified as well in an attempt to reach as many organizations as possible. The Notice of Public Hearing was published in the Great Falls Tribune on Sunday, May 13 & 20, 2018 as required by the program. A copy of the public notice will be included with the minutes of this meeting.

The purpose of this hearing is to allow members of the public to inform the Commission of community development needs that may exist within their communities. Some projects identified could potentially be qualifying projects for funding through the Montana Department of Commerce Community Development Block Grant Program. That program allows for eligible projects to make competitive applications for funding under three categories Public Facilities, Housing and Economic Development. Cascade County may have one open project in each category at a time. Currently there are no open projects. However, Cascade County may have an open Housing project when the South Wind Water District project reaches completion at the end of this calendar year. We are also eligible for any projects under Economic Development and all planning funds through any of the programs. Application deadlines for these programs will be announced by Commerce in the coming months.

In addition, Cascade County has been certified in partnership with NeighborWorks Great Falls to access the Non-Competitive Housing Rehabilitation Program under the Department of Commerce's Block Grant Funding for projects in Cascade County outside the City limits of Great Falls. Projects under that funding are screened and made eligible for funding on a case-by-case basis through Neighborworks Great Falls and are not required to submit competitive applications for funding. Criteria for application and information about that program can be obtained from Neighborworks Great Falls directly.

At this time, the Commission is encouraged to take public comment and input on identified needs from those present at today's meeting, and take them under advisement for potential projects. Any written comments or needs submitted to the County need to be acknowledged for the records. There is no action required at today's public hearing. This is simply an opportunity for members of the public to let the Commission know of potential priority projects, some of which may qualify for funding through the Community Development Block Grant Program. At this time, I would ask that the Commission conduct this public hearing and allow for all input, both orally and in writing, and that minutes of the hearing record said input. Again, no official action is required today.

**PUBLIC HEARING NOTICE
CASCADE COUNTY – NEEDS HEARING
COMMUNITY DEVELOPMENT BLOCK GRANT**

Cascade County will hold a public hearing on Tuesday, May 22, 2018 at 9:30 a.m. as part of the Regular County Commission Meeting. The meeting will be held at the Cascade County Annex, 325 2nd Avenue North, Commission Chambers, Room 105, for the purpose of obtaining public comments regarding the County's overall community development, public facilities, economic development, and housing and neighborhood revitalization needs, including the needs of low to moderate income persons. The Cascade County Board of County Commissioners will also seek the views of citizens on the activities that should be undertaken to meet the identified needs and to determine their relative priority. The Commission may apply for state or federal funding from the Montana Community Development Block Grant (CDBG) Program and other funding sources to deal with local housing and neighborhood revitalization needs, public facilities needs, or other community needs and would like comments or suggestions from local citizens regarding Cascade County's needs and the type of projects which should be considered. Comments may be given orally at the hearing or submitted in writing before 5:00 p.m. on Monday, May 21, 2018.

Anyone who would like more information should contact Mary Embleton, Grant Coordinator, (406) 454-6731. Written comment/suggestions can be sent to: Community Development Block Grant Needs, County Annex, 325 2nd Avenue North, Room 111, Great Falls, MT 59401 before May 22, 2018. Comments may also be dropped off in person at the County Annex Room 111.

Publication Dates: Great Falls Tribune - 5/13/2018 & 5/20/2018

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Publish: Great Falls Tribune on 5/13/2018 & 5/20/2018

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